FEC FORM 1

202041021

Only

STATEMENT OF **ORGANIZATION**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 JUN 25 PM 2: 21 Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
RADTKE FOR	SENATE IN	<u> </u>	
ADDRESS (number and street)	167.13 KIPP	ER TURN	
(Check if address			
is changed)	MOSELEY		VA 23120-2222
	C	ITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-n	nail address)	
(Check if address	campai gne	RADTKEFORS	ENATE COM
is changed)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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(Check if address is changed)	to bold of all M D la K is		
is change,			
2. DATE 06 22	2 2012		
3. FEC IDENTIFICATION N	JMBER CO	492066	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined to	his Statement and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	DEBBIE A	GLI ANO	
Type of Fillit Name of Heastre	DEBBLE AI		
Signature of Treasurer	verie Ugrani	0	Date 66 22 2012
NOTE: Submission of false, erron	eous, or incomplete information n		his Statement to the penalties of 2 U.S.C. §437g.
Office Use		For further Information c Federal Election Commissi Toll Free 800-424-9530	

Toll Free 800-424-9530

Local 202-694-1100

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	COMMITTEE						
	e Committee:						
(a) X	This committee is a	principal campaign	committee. (Co	omplete	the candidate in	nformation below	r.)
(b)	This committee is a information below.)	authorized commi	ittee, and is NC	OT a prir	ncipal campaign	committee. (Con	mplete the candidate
Name of Candidate	JAMIE,	L RADT	KE	<u></u>	1111	1 1 1 1	
Candidate Party Affiliat	ion REP	Office Sought:	House	X	Senate	President	State $$
(c)	This committee supp	oorts/opposes only	one candidate,	and is t	NOT an authoria	zed committee.	
Name of Candidate		1	# D				
Party Cor	nmittee:						
(d)	This committee is a		(National, Sta or subordinate				(Democratic, Republican, etc.) Par
Political A	Action Committee						
(e)	This committee is a	separate segregate	ed fund. (Identif	y connec	cted organization	on line 6.) Its co	onnected organization is
	Corporation		Cor	rporation	w/o Capital Sto	ock	Labor Organization
	Membership	Organization	Tra	de Asso	ciation		Cooperative
	In ac	dition, this committe	ee is a Lobbyist/	Registra	int PAC.		
(f)	This committee sup committee. (i.e., non			eral can	didate, and is N	IOT a separate :	segregated fund or pa
	In addition, the	nis committee is a L	obbyist/Registra	ant PAC.			
	In addition, the	nis committee is a L	eadership PAC.	(Identify	sponsor on line	6.)	
Joint Fund	draising Represen	tative:			· 		
(g)	This committee colle committees/organiza						
(h)	This committee collection committees/organization						two or more political
Con	nmittees Participatin	a in Joint Fundra	iser				
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2.					FEC ID nu	ımber C	
3.					FEC ID nu	ımber C	
4.		<u> </u>			FEC ID nu	ımber C	
4.	1 1 1 1 1						

Title or Position

TREASURER

any designated agent (e.g., assistant treasurer).

Write or Type Comm	nittee	Na	ame	В																																			
6. Name of Any Co	onne	cte	d (Org.	ani	izal	ior	n, A	\ffil	iat	ed	Co	mı	mit	tee	e, J	loii	nt I	-ur	ndra	ais	ing	Re	epro	ese	enta	ativ	е, с	or I	Lea		:rsl	hip	P	AC	Sp	on:	soı	,
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3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of

CITY

VAI

STATE

[231,20]-[2,222

ZIP CODE

804-514-8317

Full Name of Treasurer	Debbie Agliano		
Mailing Address	16713 KIPPE	R TURN	
	<u> </u>	<u> </u>	
Title or Position	CITY	STAT	
ITLEASUR	LEX	Telephone number	18041-15141-183171

262641021



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United States Senate

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