## 2017 · 07 · M1 · 0M · 00168227

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2017 JUL 31 AM 8: 10

Office Use Only

NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
S_U_M_M_EF_O_RC	CON	G <sub>I</sub> R <sub>I</sub> E <sub>I</sub> S <sub>I</sub> S <sub>I</sub> I			
ADDRESS (number and street)	4 2	4 N . F R	ANCESST	A P T 2 4	
(Check if address is changed)	L				
	so	U T H B E N	D	STATE $\triangle$ $\begin{bmatrix} 4 & 6 & 6 & 1 & 7 \\ & & & & & & & & & & & & & & & & &$	
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	e <sub> </sub> 1	:  e c t s u m m	  e @ g m a i l . c <sub> </sub> o	<u></u>	
	Option	nal Second E-Mail Add	dress,		
1 - N. S.	سنا				
COMMITTEE'S WEB PAGE ADD	DESS.	(LIRL)			
(Check if address	I ,	(One)			
is changed)	1	<del>Ĭĸĸĸĸ</del> ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	<u> </u>	1	
	<u> </u>				
2. DATE 0 7 2	0 ′	2 0 1 7	· · · · · ·		
3. FEC IDENTIFICATION NU	JMBER	▶ C			
4. IS THIS STATEMENT	NE	EW (N) OR	AMENDED (A)		
I certify that I have examined th	nis State	ment and to the best	of my knowledge and belief i	it is true, correct and complete.	
Type or Print Name of Treasure	r Ma	k Summe			
Signature of Treasurer	Na	ik O Su	ımne	Date 0 7 2 1 2 3 1 7	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1	

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		OMMITTEE	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
Name Candi		M,A,R,K, J,O,H,N, S,U,M,M,E, , , , , , , , , , , , , , , , ,	
Candi Party	date Affiliatio	on R E P Sought: House Senate President	N
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	2
Name Candi	-		
Party	y Con	nmittee:	•
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Pa	arty.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:
		Corporation Corporation w/o Capital Stock Labor Organizatio	n
		Membership Organization Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund of parcommittee. (i.e., nonconnected committee)	arty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	nmittees Participating in Joint Fundraiser	
	1.1	FEC ID number	
	2.		
	3.		
	4.		

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Write or Type Committee Name						
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	Jership PAC Sponsor				
Mailing Address						
•						
	CITY STATE	ZIP CODE				
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	lentify by name, address (phone number optional) and position of the person in	possession of committee				
Full Name MAR	K, JO,H,N, SUMM,E, , , , , , , , , , , , , , , , , ,					
Mailing Address	4 2 4 N F R A N C E S S T , A P T 2 4					
	S <sub> </sub> O <sub> </sub> U <sub> </sub> T <sub> </sub> H <sub> </sub> B <sub> </sub> E <sub> </sub> N <sub> </sub> D <sub> </sub>	6   6   1   7   -   2   3   3   4				
Title or Position	CITY STATE	ZIP CODE				
	Telephone number	- [ ] - [ _ [				
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of				
Full Name of Treasurer	K JOHN SUMME					
Mailing Address	4,2,4, N, F,R,A,N,C,E,S, S,T, A,P,T, 2,4,					
	S <sub>[O]U]T,H</sub> ,B <sub>[E]N D</sub> ,	$ \begin{array}{c c} 6 & 6 & 1 & 7 \\ \hline \text{ZIP CODE} \end{array} $				
Title or Position						
1	Telephone number	• [] = [				

	•	[ -
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	<u> </u>	
Full Name of Designated	1	
Agent		<u> </u>
Mailing Address		<u> </u>
	CITY STATE	ZIP CODE
Title or Position		r 1
<u> </u>	Telephone number	]-[]-[
		<u> </u>
safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits fund loxes or maintains funds.	ls, holds accounts, rents
Name of Bank, I	Depository, etc.	
	N,O,T,R,E, D,A,M,E, F,E,D,E,R,A,L,,C,R,E,D,I,T, U,N,	ION
Mailing Address	1,1,1,W,E,D,I,S,O,N,R,D,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	$\begin{bmatrix} M_{I} \; I_{I} \; S_{I} \; H_{I} \; A_{I} \; W_{I} \; A_{I} \; K_{I} \; A_{I} \\ & & & & & & & & & & & & & & & & & &$	4,6,5,4,5,-
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	- Lange (S. )
Mailing Address		
· .		<u> </u>
•	CITY . STATE	ZIP CODE
		1

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2017 JUL 31 AM 8: 10 -ederal Election Commission Washington D.C. 204103 999 E Street, N.W.

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(3/2015)