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FEC

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STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2018 JAN 10 PM 2: 22 FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. INSURANCE SERVICES, OFFICE., PAG S.H. I.NGTON ADDRESS (number and street) (Check if address is changed) STATE A COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE 6_ FEC IDENTIFICATION NUMBER > IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. SHAVEL LEE Type or Print Name of Treasurer Signature of Treasurer Date 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.

For further information contact: **FEC FORM 1** Federal Election Commission (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	m 1 (Revised 02/2009) Page 2	_ 						
–		OMMITTEE Committee:							
(a)	П	This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)	Ō	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name Candi			ليـ						
Candi Party	date Affiliatio	Office State Sought: House Senate President District							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name Candi			لــــــــــــــــــــــــــــــــــــــ						
Party	y Con	imittee:							
(d)		(National, State (Democratic, Papublican, etc.) Pa	ırty.						
Politi	ical A	ction Committee (PAC):							
(e)	X	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 Organization	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 or pacommittee. (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	raising 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.							
	Committees Participating in Joint Fundraiser								
	1.	FEC ID number							
	2.	FEC ID number							
	3.	FEC ID number							
	4.	FEC ID number							

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name	e	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
		11-1-1-1-1-1
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name	_ 	
Mailing Address		
		<u> </u>
Title or Position	CITY STATE	ZIP CODE
سيبيب	Telephone number	J-L
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name LEE	SHAVEL	
Mailing Address	5.4.5, WA, S, H, 1, M6, T, O, N, B, G, V, D,	
		2 33101-148'8'E
Title or Position	CITY STATE Telephone number [>,0,1]	zip code リー[<u>५</u> ६9]-[<u>>,7,4,</u> ↓

	1 (Revised					•												Pag	<u> </u>
Full Name of Designated Agent	L	<u> </u>						 L_1.						1.1					1, 1
Mailing Address		<u> </u>		لـلِـا	لـــــــا					<u></u> _		<u> </u>				1		<u>L</u> L	
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Title or Position																			
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	epository, e		anks or																
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FEC	Form	15	(Revised	02/2017

Optional Supplemental Information

Page	of	

FEC Form 1S (Revised	02/2017)	for Lines 5(g) or (h), 6,	8 and/or 9	Page of
5(g) or (h). Joint Fundra	ising Participant	:		
1.			FEC ID number	
2.			FEC ID number	
3.			FEC ID number	
. 4			FEC ID number	
6. Name of Any Connec	ted Organization	, Affiliated Committee, Joint Fu	ndraising Representative, o	or Leadership PAC Sponsor
				1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Mailing Address		1111111	<u> </u>	
				
Relationship:		CITY ▲	STATE ▲	ZIP CODE ▲
m	ected Organization		pint Fundraising Representative	
8. Designated Agent: Ide	entify by name, ac	ddress (phone number – optional)		
Mailing Address		<u> </u>		
		<u> </u>		1 1 1 1 1 1 1 1 1
		<u> </u>		1 , , , ,]-1 , , ,
TITLE OR POSIT	ION ▼	CITY A	STATE ▲	ZIP CODE ▲
			Telephone Number	<u></u>
9. Banks or Other Depo safety deposit boxes o Name of Bank, Depository, etc.			ch the committee deposits fo	unds, holds accounts, rents
-	1			
Mailing Address	1			
	<u> </u>	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<u> </u>		STATE ▲	ZIP CODE ▲
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2018 JAN 10 PM 2: 22

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING December of the FEC added this page to the end of this filing to indicate here.	
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
S.S.	1/10/18
PREPARER (3/2015)	DATE PREPARED