2010 FEB -4 PM 4: 11

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

	<del>-</del>				Office Use Only
NAME OF     COMMITTEE (in fu		Check if name s changed)	Example:If typing, type over the lines.	12FE4M5	
Jim Gillin	noire fo	r Pres	ident	<u> </u>	
	<u> </u>	<u>-                                    </u>			
ADDRESS (number and	street) LO	<u>β,δ,Χ, ,3,2</u>	0037		
(Check if addr	•				
- is changed)	. Alle	xandri	<u>a                                     </u>		22320-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Please	provide only one e-	-mail address)		
(Obsale if ad	day	Krieske	photmail. (	Om	
(Check if ad is changed)		116111		1.1.1.1	1
		-			
COMMITTEE'S WEB PA	•	•	£ . P ` . d	. <b></b>	
(Check if ad	dress (D) I IN	16, 1, 1, mar	efortresid	<u> </u>	
is changed)	لبنا				<del></del>
2. DATE 0 2	042	ŏ į ŏ			
3. FEC IDENTIFICA	TION NUMBER	c <i>0</i>	0431288		
4. IS THIS STATEME	ENT NEW	(N) OR	AMENDED (A)		
I certify that I have exa	mined this Statem	ent and to the best	of my knowledge and belief it	is true, correc	ct and complete.
Type or Print Name of	J	ANIEL	KRESKE _		
type or Frint Name of	Treasurer	1 1 V	1		
Signature of Treasurer	Cime	1. m	espe	Date 0	2 04 2010
NOTE: Submission of fall		-	may subject the person signing t		o the penalties of 2 U.S.C. §437g.
Office			For further information of		FEC FORM 1
Use	}	[ ]	Federal Election Commission Toll Free 800-424-9530	n	(Revised 02/2009)

FEC For	m 1 (Revised 02/2009)	<del></del>					Page 2
TYPE OF CO							
Candidate	Committee:						
(a) X	This committee is a pr	incipal campaigr	n committee. (Compl	ete the candida	te inforn	nation below	ı. <b>)</b>
(b) .	This committee is an a information below.)	authorized comm	nittee, and is NOT a	principal campa	aign com	nmittee. (Co	mplete the candidate
Name of Candidate	Jin Gi	lmore	<del>                                     </del>	<u> </u>	1	<del></del>	لببسسب
Candidate Party Affiliation	n Rep	Office Sought:	House	Senate	×	President	State VA
		-	•		• •		District
(c)	This committee suppor	ts/opposes only	one candidate, and	is NOT an auth	norized (	committee.	
Name of Candidate			1 1 1 1 1				
Party Com	mittee:						
(d)	This committee is a	. • .	(National, State or subordinate) co	mmittee of the		. · · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Political A	ction Committee (P	AC):					
(e) ·	This committee is a se	parate segregat	ed fund. (Identify cor	nected organiza	ation on	line 6.) Its co	nnected organization is a:
	Corporation		Corpora	tion w/o Capital	Stock		Labor Organization
	_ Membership C	rganization	Trade A	ssociation			Cooperative
	In addit	ion, this committ	ee is a Lobbyist/Regi	strant PAC.			
(f)	This committee supporcommittee. (i.e., noncor			candidate, and	is NOT	a separate :	segregated fund or party
	In addition, this	committee is a L	.obbyist/Registrant P	AC.			
	In addition, this	committee is a L	eadership PAC. (Ide	ntify sponsor on	line 6.)		
Joint Fund	raising Representa	tive:					
(g)	This committee collects committees/organization						
(h)	This committee collects committees/organization						wo or more political
Comi	mittees Participating i	n Joint Fundra	uiser				
1,	1				) numbe	er C	and the second of the second
2.			1		) numbe	er C	
3.	1		1		) numbe	er C	To the open of the con-
<b>3.</b> <b>4</b> .		<del>-1-1-1-1</del> :	<del>                                     </del>		numbe		
♣.		<del></del>				- O	italo o Hiziato de R

	FEC FORM I (Nevised (	2/2009)	rage 3
V	rite or Type Committee Name		
<b>6</b> .	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundralsing Representative, or Leadership I	PAC Sponsor
L			
	Mailing Address		
			Щ
	•	CITY STATE ZIP	CODE
	Relationship: : Connected	Organization Affiliated Committee Joint Fundralsing Representative Leaders	ship PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in possess	sion of committee
	Full Name DAN	EL JOHN KRESKE	1
	Mailing Address	V855 CALVERT STREET	
		[#, 1,0,1,	
		Washington DC 2000	<b>9</b>
	Title or Position	CITY STATE ZIP	CODE
	Treasurer	Telephone number 8014-85	21-19042
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name of Treasurer	EL KRESKE	
	Mailing Address		
	SAME	<u> </u>	
	as Above	CITY STATE ZIP	CODE
	Title or Position	CITY STATE ZIP	CODE
J		Telephone number	

FEC Form 1	(Revised 02/2009)	_	Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		1	
	Telepho	ne number	<b>.</b>
safety deposit boxe Name of Bank, Dep	BBGT BANK  CHARLOTTE	NC NC	
<u> </u>	CITY	STATE	ZIP CODE
Name of Bank, Dep	pository, etc.		
L	<u> </u>	<u> </u>	
Mailing Address		<u> </u>	11.1.1.1.1.1.1.1
		<u> </u>	
		ليا لي	
	СІТУ	STATE	ZIP CODE

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):