FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 7 2914 OCT 14 AM 10: 09 FEC.MAIL.GENTER
1. NAME OF COMMITTEE (ir	full) (Check if name Example: If typing, type over the lines.	12FE4M5
	BROWN FOR PRESIDENT CAMPA	IGN COMMITTEE
ADDRESS (number a	PO BOX 15863	
(Check if a is changed)		ID 83715
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA		
COMMITTEE'S WEB		<u>RPRESIDNET.COM, .</u>
2. DATE) <u>6</u> <u>2014</u>	
3. FEC IDENTIFIC		
4. IS THIS STATE	MENT NEW (N) OR AMENDED (A)	
I certify that I have a Type or Print Name	examined this Statement and to the best of my knowledge and belief it MARK S FACKRELL	is true, correct and complete.
Signature of Treasur		Date
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing th ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI	
Office Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF COMMITTEE	
Candidate Committee:	

3.

4.

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5.

HADM - HND - NND&

Cantu		Committee.												
(a)	\times	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 o Candida														
Candida Party A		on N/A Office Sought: House Senate X President District 01												
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.												
Name o Candida														
Party	Com	imittee:												
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.												
Political Action Committee (PAC):														
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:												
(0)														
		Corporation Corporation w/o Capital Stock Labor Organization												
		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 party committee. (i.e., nonconnected committee)												
		In addition, this committee is a Lobbyist/Registrant PAC.												
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)												
Joint I	Fund	raising Representative:												
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political												
(g)		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	mittees Participating in Joint Fundraiser												
	1.	FEC ID number												
	2.													

FEC ID number

FEC ID number

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FEC Form 1 (Revised Write or Type Committee Name		Page 3
	NN FOR PRESIDENT CAMPAIGN C	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
Mailing Address		
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representation	-
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the p	person in possession of committee
	K S FACKRELL	
Mailing Address	PO BOX 15113	
		<u> </u>
		L83715
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	28,[908,[1450, _]
 Treasurer: List the name ar any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	; and the name and address of
Full Name of Treasurer	K Ş FAÇKRELL	
Mailing Address	PO, BOX, 151, 13	
	BOISE ID CITY	193715
	Telephone number	08908 <u>1450</u>

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Full Name of Designated Agent		1 1		1	1	1	1	1	1	1	ł	1		I	[1	1	1	1	1	1	1	1	1		1	,	1	1	1	1	1	1		
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Title or Position																																			
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

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