RECEI'	VED
FEC MAIL	CEMIFK

	FEC MAIL CENTER
	Blaze it for Jill Stein 2016 OCT-5-PM-12: 12
	Diate 11
	9/30/16
	FEC.
	99 E Streat, N.W
	Washington, P. (Z0463
	Re: Farm 1, Statement of augus Zation
	Unlimited Cantuibetions
	To whom it may concoun:
	This committee intends to make independent
	expendituos, and consist with the U.S
	court of Appeals for the District of
	Columbia Civevit Lecision in Speech New
	v. FEC, it therefore intends to vaise
	Aluda in unlimited amounts. This counittee
	will not use those Lunds to make contributions
	whother divect in-tinder via coordinated
 	communications, da toderal panidatos as
·	connittees.
1	Respectfolly submitted,
	Ashlo Russy
	Chowie Bator, Treasuror
• 1	

2016-10-05-03-00101501

FEC	
FORM	•

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2016 OCT -5 PM 12: 12

Office Use Only

1.	NAME OF		
	COMMITTEE	(in	full

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BLAZE IT FOR DELEGATE JILL STEIN

ADDRESS (number and street)

361 CLARK STREET

(Check if address is changed)

SOUTH OR ANGE

UT STATE ▲ 07079-7945

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

charliethebaker361@gmail.Com

Optional Second E-Mail Address

blazeit far jill stein Dymail. Com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NIP

- 2. DATE SEPTEMBER 29, 2016
- 3. FEC IDENTIFICATION NUMBER >

C

OR

4. IS THIS STATEMENT

NEW (N)

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.

Type or Print Name of Treasurer

CHARCIE BAKER

Signature of Treasurer

and Bato

Date 9/20/16

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				For further information contact:
Use		,		Federal Election Commission
Only			1	Toll Free 800-424-9530
<u> </u>	1		.	Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)				Page 2
TYPE OF	COMMITTEE				
Candidat	te Committee:				
(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 of Candidate	J:11 Stein				
Candidate Party Affilia	tion Green Office Soug		Senate	President	State District
(c)	This committee supports/oppose	es only one candidate,	and is NOT an authori	zed committee.	المراجع
Name of Candidate					
Party Co	mmittee:				
(d)	This committee is a	(National, Stat or subordinate	e) committee of the		(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):				
(e)	This committee is a separate se	egregated fund. (Identify	connected organization	n on line 6.) Its c	onnected organization is a:
	Corporation	Cor	poration w/o Capital St	rock	Labor Organization
	Membership Organizatio	on Trad	le Association		Cooperative
	In addition, this o	committee is a Lobbyist/f	Registrant PAC.		
(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p committee. (i.e., nonconnected committee)				segregated fund or party
	In addition, this committe	ee is a Lobbyist/Registra	nt PAC.		
	In addition, this committee	ee is a Leadership PAC.	(Identify sponsor on line	e 6.)	
Joint Fun	draising Representative:				
(g)	This committee collects contribut committees/organizations, at least				
(h)	This committee collects contribute committees/organizations, none of				two or more political
Cor	nmittees Participating in Joint F	- undraiser	•		
1.	•		FEC ID no	umber C	
			FEC ID no	umber C	
2.				_	,
3.			FEC ID n	umber C	
4			FEC ID nu	ımber C	

Write or Type Committee Name

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NA

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Charles David Baker Mailing Address 361 Clark Street

Title or Position Supreme Trop Lind CITY SOUTH ORANGE STATE NJ ZIP CODE 07079-2945

Telephone number 201-749-09 35

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Charles Pavid Baker Full Name

Mailing Address 361 Clark Street

Title or Position Supreme Trap Land CITY South Orange STATE NJ ZIP CODE 07079-2945

A		Klint	
Agent Mailing Address	s 67	Hudson	Avenuo

Title or Position Elf Love

city Maplewood

STATE NJ ZIP CODE 07 040-1407

Telephone number

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.

NA

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal

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2016 OCT -5 PM 12: 12

59407 N. W, Wayhington, D. C Election street

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** Date of Receipt Postmarked USPS First Class Mail 10/1/16 Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked USPS Priority Mail Express 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):

(3/2015)

PREPARER