## 15051154509

## STATEMENT OF

FORM 1		OF	RGANIZ	ATIC	N		201		EIVED	
NAME OF COMMITTEE (in	full)		heck if name changed)		nple:If typing, t the lines.	уре	NA Short albert	Transia Americania	IL CEN	F
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	,	CIT	nir ley		1 1 1 1		P/U STATE		1,9.67 ZIF	CODE A
COMMITTEE'S E-MA	AL ADDRES	SS					, :	veri.		
(Check if a is changed			impam	Q a	ol.com		<u> </u>	· <del>                                     </del>		· 
		Optional S	econd E-Mail A	ddress						1
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COMMITTEE'S WEB  (Check if a is changed	address	RESS (URI	L)			1 1	<u> </u>	<del>                                      </del>	<del>                                     </del>	
2. DATE	o la	2 20	3							
3. FEC IDENTIFIC	CATION NU	MBER >	IC.		magananjarahya anga madamanjamasana ka	1				
4. IS THIS STATEM	MENT X	NEW (	N) OR	50,70	AMENDE	) (A)	·			
certify that I have e	examined th	s Statemen	t and to the be	st of my k	nowledge and	belief it	is true,	correct an	d complete.	•
Type or Print Name	of Treasurer	No	ency !	Har	Ks_			····		
Signature of Treasure	er	Nax	ly Mi	arli	<u> </u>		Date	10	'åå	<i>`àò</i> \'3
NOTE: Submission of			mplete informatio GE IN INFORMA	-		- T			penatties o	f 2 U.S.C. §437g.
Office Use Only					For further information (Federal Election (Toll Free 800-424 Local 202-694-110	Commissi -9530			FEC F (Revised	ORM 1 06/2012)

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F	EC Fo	m 1 (Revised 02/2009) Page 2
		OMMITTEE
Can	didate	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 Cand		
Cand Party	lidate Affiliati	Office State  Sought: House Senate President  District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Polif	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	, Reserve	Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In additioe, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>	X	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.)
Join	t Fund	raising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizutions, 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.	
	2.	FEC D number C
	3.	
	4.	FEC ID number C

	•
FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Re	presentative, or Leadership PAC Sponsor
11111NONE 11111111111111	
	<u>                                     </u>
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraisin	g Representative
7. Custodian of Records: Identify by name, address (phone number optional) and pos	ition of the person in possession of committee
books and records.	
Full Name Noncy Harks	
Mailing Address LIFT Fluntlock Drive	
Shirley	NH W9671-
Title or Position CITY	STATE ZIP CODE
Civi	
Telephone nu	mber
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the any designated agent (e.g., assistant treasurer).</li> </ol>	e committee, and the name and address of
Full Name , NO COUL DO CV	•
of Treasurer N.W. P.W. S	
Mailing Address LITTFINTLOCK Drive	
Lishirley	M 11961-11
Title or Position	STATE ZIP CODE
TITEQSUCES IIII Telephone nu	mber <u>(431)</u> - <u>176</u> -1,900

	FEC Form	1 (Revised 02/2009)	Page 4		
Full Na Design Agent					
Mailing	Address				
		CITY	TATE ZIP CODE		
Inte of	Position	. Telephone numb	er [		
safety	deposit bo	Depositories: List all banks or other depositories in which the committed taxes or maintains funds. Depository, etc.	e deposits funds, holds accounts, rents		
Mailing	g Address	L. Empire National Bank	way		
		L. Shirley.	NT UN9671-		
Name	of Bank, [	CITY Depository, etc.	STATE ZIP CODE		
Mailin	g Address				
		CITY	STATE ZIP CODE		
		·			

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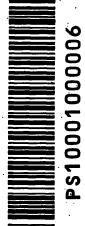




PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 29764).

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## **USE ONLY**

Date In; Mo. Ro gar Day	Year	Time In:	AM ·
Day of Delivery □ Next	Second □	□ 12 Noon91 C	⊒3 6₩.
Return GOD		Additional Insurance Fee	\$0.00

## 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.					
Hand Delivered	Date of Receipt				
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Received from House Records & Registration C	Date of Receipt Office				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
Jmp	31/13				
PREPARER	DATE PREPARED				

(8/2013)