Image# 11971812329 PAGE 1 / 5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. IA Vets for Congress PO Box 70980 ADDRESS (number and street) (Check if address is changed) Washington 20024 DC CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) admin@evanskatz.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 11 02 2011 C00425694 FEC IDENTIFICATION NUMBER X IS THIS STATEMENT OR 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. Malea Stenzel Type or Print Name of Treasurer Malea Stenzel [Electronically Filed] 11 09 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

l U:	ice se nly				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	1 ago 2
Car	ndidate	e 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	/Damaau-+!-
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		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 secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revis	and 02/2000)	Page 3
Write or Type Committee N		i aye y
IA Vets for Co		
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
Malea	a Stenzel	
Mailing Address	303 Park Ave. S.	
Maining Address	#1293	
	New York NY 1001	0
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 646	415 – 8429
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the .g., assistant treasurer).	name and address of
Full Name Malea of Treasurer	Stenzel	
Mailing Address	303 Park Ave. S.	
	#1293	
	New York 1001	
Title or Position Treasurer	CITY STATE	ZIP CODE 1 415 8429
<u> </u>	Telephone number	

1 20 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I		
	Depository, etc. Bank of America 72 Second Avenue	
Name of Bank, I	Depository, etc. Bank of America 72 Second Avenue	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America 72 Second Avenue New York NY 10003	
Name of Bank, I	Depository, etc. Bank of America 72 Second Avenue New York NY 10003	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America	

1mage# 11971812333 PAGE 5 / 5

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

The committee's status has changed. It is no longer a joint fundraising committee and has become a non-connected PAC.

Form/Schedule: Transaction ID: