FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2012 MAR 26 PM 1:53 Office Use Only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	FEC MAIL CENTER 12FE4M5
Carvin 20	12	
ADDRESS (number ar	PO Box 933	
(Check if ac is changed)		NY 10580
	CITY	STATE ZIP CODE
(Check if is changed	d)	
(Check if a is changed	⁽⁾	
2. DATE 03 3. FEC IDENTIFIC	C 19° 2012 CATION NUMBER C 00515601	
4. IS THIS STATEM		
I certify that I have a Type or Print Name of	examined this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Signature of Treasure	r filef	Date 03'22'2012
NOTE: Submission of	false, enconeous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI	
Office Use Only	For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

ł

l i

I

FEC Form 1 (Revised 02/2009)

Page	2
------	---

ł

5.	TYPE	OF CO	DMMITTEE
	Cane	didate	Committee:
	(a)	\mathbf{X}	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 Candi		Joseph Carvin
	Candi Party	date Affiliatio	on REP Office Sought: House Senate President State
	(0)		This committee supports/opposes only one condidate and is NOT on supports committee
	(c) Name		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Candi		
	Part	y Com	(National, State (Democratic,
	(d)		This committee is a or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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	nittees Pasticipating in Joint Fundraiser
		1.	FEC ID number
		2.	
		3.	FEC ID number C
		4.	FEC ID number

Page 3

Write or Type	Committee Name
Carvin	2012

.

6.	Nan	ne o	f Ar	iy (Coi	nn	ec	te	d	Or	ga	ni	za	tio	n,	A	fil	at	ed	C	or	nm	niti	tee	Ð, L	Jol	int	Fu	ine	dra	isi	ng	R	pr	es	en	tat	ive	e, c	or	Lea	ad	era	shi	ip (PA	C	Sp	ion	SO	r
ľ	ΙQ	ηe	;																																																
L																						1																						L							
	Maili	ing A	\ddr	əss																	L											[ł									L		
											L																																L	\bot			L				1
										ľ	L					1					1											1			l		L			l			L	1			-	L	1	1	1
																				ſ	CI	ΓY													ę	ST	ATE	Ξ						z	ΊP	C	OĽ	DE			
	Rela	tions	hip:	[Co	onr	neo	cte	d (Or	ga	niz	zati	ior	•[Afi	filia	ate	d	Co	m	mit	tte	e		խ	oir	nt F	-ur	ndra	aisi	ng	Re	əpi	es	en	tati	ive	[Le	ad	ler	shi	ip f	PA	CS	Spa	กรด
·	Cust book						ds	: 1	de	nti	fy	by	/ n	an	ne,	a	ddi	es	s	(pł	hoi	ne	กเ		ibe	er -	C	pt	ior	nal)	a	nd	po	siti	on	of	f th	e	pe	rso	n	in	po	 ISS(es	sio	n (of	cor	nm	itte
	Eult	hla m			ľ	Jų	, l i	ja	ŀ	(i	11	ia	ņ																																				1		

Full Name			
Mailing Address			
	Rye	NY	10580
Title or Position	CITY	STATE	ZIP CODE
		e number	

8. 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).

Full Name of Treasurer	Killian
Mailing Address	PO Box 933
	Rye [NY] [10580]-[]
Title or Position	CITY STATE ZIP CODE
Treasurer	
_	

Full Name of Designated Agent			
Mailing Address		<u> </u>	
Title or Position		.1	
	<u>, , , , , , , , , , , , , , , , , , , </u>	one number	⊥J [−] └─┴─┘ [−] └─┴─┘
safety deposit boxes or ma Name of Bank, Depository	, etc.	committee deposits fu	unds, holds accounts, rents
 Citiba	ank		
Mailing Address	1040 Boston Post Road		
			[10580] _] - [
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
Mailing Address			
		1 1 1 1 1 1 1	
		لبا ل	

1

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
	3/26/12
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirma	tion [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business [Day Delivery
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
Date of Rec	eipt or Postmarked
R_	2/26/12_
PREPARER	DATE PREPARED
(3/2005)	

.

.