RECEIVED MAIL CENTER

2010 MAR 10 AM 7: 14

FEC FORM 1	•		EMEI ANIZ		_				Office Us	se Only		一
1. NAME OF COMMITTEE (in	ı full)	(Check is chan	if name ged)		mple:If typir the lines.	ng, type	12FI	E4M5	Gilles G.	ie Only		
IT, E, C, H, N,O, L	10161Y;	, R, E, S, E, A	, <b>R</b> , C , H;	<u>.Α.Ν.</u> Ω	) <u>, I</u> N,	N,O,V,A	<u>T.10</u>	<u>.N ;     ;</u>	P.A.C.		<del></del> _	
ADDRESS (number a	od etreet\	11100	.C.L:1:N	T:0:N	J. ;5:01	J ARÉ				<del></del>		·
ADDRESS (number and street) . (Check if address is changed)		ROCHE		————————————————————————————————————	1 1 1 1		[ <b>N</b> , Y		1.4 .6	0 :4)		
				CITY			STATE			ZIP C	ODE	
COMMITTEE'S E-MA	AL ADDRES	SS (Please provid	le only one e	-mail add	dress)							
(Check if is change		T:S,T,V,B	BEGIN	<u>. 1 , X, 6</u>	) <sub> </sub> N, P, E,	A	) <sub>1</sub> Y <sub>1</sub> C	10 IM		<u> </u>		
COMMITTEE'S WEE	PAGE ADI	DRESS (URL)										
(Check if is change				<del>1 1 1</del>			<u> </u>	نـــلـــل لـــنـــــ	<u> </u>	<u> </u>		
2. DATE I	M / D	î Žóó	<b>વં</b>									·
3. FEC IDENTIFI	CATION NU	JMBER	C	-								
4. IS THIS STATE	MENT X	NEW (N)	OR		AMEN	IDED (A)						
I certify that I have	examined th				knowledge	and belief	it is true,	соггест	and con	plete.		
Type or Print Name	of Treasure	r <u>/o</u>	dd L. St	ubbe								<del></del>
Signature of Treasur	er <u> </u>	Jode	dd L. St 11 Stull	·			Date	0 1	i	ų į	žö	ľŎ
NOTE: Submission of		ous, or incomplet		-	•				the pena	lties of	2 U.S.C	C. §437g.
Office					For further Federal Elec						)RM	1

FE	C For	m 1 (Revised 02/2009)	Page 2
–		OMMITTEE  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. (Con information below.)	nplete the candidate
Name o			<u> </u>
Candid Party A		Office on Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name ( Candida			
Party	Com	mittee:	
(d)		This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e) .		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbylst/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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com		wo or more political
	Com	committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
		committees/organizations, none of which is an authorized committee of a federal candidate.  mittees Participating in Joint Fundraiser	wo or more political
	1.	committees/organizations, none of which is an authorized committee of a federal candidate.  mittees Participating in Joint Fundraiser  FEC ID number C	wo or more political .

<del></del>		_
FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	le ·	
Technology R	esearch & Innovation PAC	
,	Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	ership PAC Sponsor
NO NE		
		<del></del>
Mailing Address		
•		!-! :
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
ricialionismp.	, Allimated Committee Comm	Education printer openior
books and records.	entify by name, address (phone number optional) and position of the person in $.$ $D_{i} \ \ _{i} L_{i} \ \ _{i} S_{i} T_{i} V_{i} B_{i} B_{i} E_{i} \ \ _{i} \ \ \ _{i} \ \ _{i} \ \ _{i} \ \ \ _{i} \ \ _{i} \ \ _{i} \ \ \ _{i} \ \ \ _{i} \ \ \ _{i} \ \ \ _{i} \ \ _{i} \ \ _{i} \ \ \ _{i} \ \ \ _$	possession of committee
Mailing Address	1,1,0,0, CLI,N,T,O,N, SQ,V,A,R,É, , , , ,	<u> </u>
		<del></del>
	ROCHESTER WY	6.0.41-
Title or Position	CITY STATE	ZIP CODE
T, R, E, A, S, U, R, E, R	Telephone number 5 5 5 -	2,6,3 - 1,1,8,6
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	D. L. S.T.U.B.B.E	<u> </u>
Mailing Address	[1,1,0,0, ,C,L,1,N,T,0,N, ,S,Q,U,A,R,E, , , , ,	<u>i_L_L_L_L_L_L_</u>
		<u> </u>
	ROCHESTER NY 1.4	<u>.6.0.4</u> ]- <u>                                      </u>
	CITY STATE	ZIP CODE

585-263-1186

Telephone number

Title or Position

T.R.E.ASN.R.E.R.

FEU FOR	n 1 (Revised 02/2009)		rage 4
Full Name of Designated Agent	[S,T,E,P,H,E,N, B, M,V,L,L,EN, , , , , , ,		
Mailing Address	1,1,0,0, C,L,1,N,T,0,N, S,Q,U,A,	RIE	
	<u> </u>		<u> </u>
	ROCHESTER	[איא]	1,4,6,0,4]-
Title or Position	CITY	STATE	ZIP CODE
	$T_i A_i N_i T_i : T_i R_i E_i A_i S_i v_i R_i E_i R_i$ Telephor	e number <u>[5</u> 8	35-263-1573
	Depositories: List all banks or other depositories in which the coxes or maintains funds.  Depository, etc.	ommittee deposits t	unds, holds accounts, rents
	J.P. MORGAN, CHASE,		
Mailing Address	ONE CHASE SENTINARE		
	[R,O,C,H,E,S,T,E,R,	NY	[1,4,6,4,3]-[,,,
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		<del> </del>
		<del></del>	
Mailing Address		<u> </u>	<u> </u>
		<u>[: [ ]                                 </u>	
			<u> </u>
	CITY	STATE	ZIP CODE
			<del></del>

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 3/4/10
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confi	rmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	,
No Postmark	•
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess 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
Other (Specify):	Receipt or Postmarked
Er	3/10/10
PREPARER (3/2005)	DATE PREPARED