## HUDNI - HNIOD : SINISTO

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

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Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
P <sub>i</sub> r <sub>i</sub> e <sub>i</sub> s <sub>i</sub> i <sub>i</sub> d <sub>i</sub> e <sub>i</sub> n <sub>i</sub> t <sub>i</sub> i	i <sub>l</sub> a <sub>l</sub> l <sub>i l</sub> C <sub>l</sub> ommi <sub>l</sub> t <sub>i</sub>	t <sub>i</sub> e <sub>i</sub> e <sub>i i i i i i</sub>					
[ ,B,i,s,h,o,p, ,J,u,I,i,a,n, ,L,e,w,i,s, ,J,r., , , , , , , , , , , , , , , , , , ,							
ADDRESS (number and street)	[5 <sub>1</sub> 2 <sub>1</sub> 0 <sub>1</sub> N <sub>1</sub> D <sub>1</sub> a <sub>1</sub> I <sub>1</sub>	I <sub>i</sub> a <sub>i</sub> s <sub>i i</sub> A <sub>i</sub> v <sub>i</sub> e <sub>i i i</sub>					
◆ (Check if address is changed)							
	Liainiciaisitieiri CITY A		T, x				
COMMITTEE'S E-MAIL ADDRESS							
(Check if address is changed) Liturlii annilie wiist press. communit the elegovaholo.com							
	Optional Second E-Mail Addr		0.00.0				
· •.			0  0  .  C  0  M				
COMMITTEE WED DAGE AD	DDF00 (UDL)						
COMMITTEE'S WEB PAGE ADD  (Check if address							
is changed)	[h <sub>1</sub> t <sub>1</sub> t <sub>1</sub> p <sub>1</sub> : <sub>1</sub> / <sub>1</sub> / <sub>1</sub> w <sub>1</sub> w <sub>1</sub> v	w <sub>i. ij l</sub> u <sub>i</sub> l i la in il le i	$w_1i_1s_15_13_11c_1o_1m_1$				
:		<del></del>					
2. DATE 0 1 0 5 2 0 1 5							
3. FEC IDENTIFICATION NUMBER ▶ C 0 0 5 7 1 4 8 9							
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)							
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief it	is true, correct and complete.				
Type or Print Name of Treasurer							
Signature of Treasurer	Jacqueline R.	Braun	Date 0 1 2 1 2 0 1 5				
NOTE: Submission of false, erroreous, 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 Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FFL. FLIBIU I				

5.

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TYPE OF COMM						
Candidate Con	nmittee:					
(a) X This	This committee is a principal campaign committee. (Complete the candidate information below.)					
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	B <sub>i</sub> i,s,h,o,p, ,J,u,l,i,a,n, ,L,e,w,i,s, ,J,r., , , , , , , ,					
Candidate Party Affiliation	I N D Office Sought: House Senate X President	State  District				
(c) This	committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Committ						
(d) X This	s committee is a STA (National, State or subordinate) committee of the IND	(Democratic, Republican, etc.) Party.				
Political Action	n Committee (PAC):					
(e) This	s committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.					
· ·	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or 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 Fundrais	ing Representative:					
	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.					
	committee collects contributions, pays fundraising expenses and disburses net proceeds for to mittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Committe	es Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3.	FEC ID number C					
4.						

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<u>.</u>	FEC Form 1 (Revis	sed 02/2009)		Page <b>3</b>
v	Vrite or Type Committee N	lame		<u> </u>
	Presidential Com	mittee Bishop Julian Lewis, Jr.		
6.	Name of Any Connect	ed Organization, Affiliated Committee, Joint F	Fundraising Representat	ive, or Leadership PAC Sponsor
١.				 
<u>M</u>	VORLD HAR	VEST COUNCIL OF	GOVERNME	<b>N  </b>
L				
	Mailing Address	520 NORTH DALL	AS AVE	
		LANCASTER		7,5,8,4,4-
		CITY	STATE	ZIP CODE
	Relationship: Conn	ected Organization Affiliated Committee	Joint Fundraising Repres	entative Leadership PAC Sponsor
7.	Custodian of Records: books and records.	Identify by name, address (phone number op	otional) and position of th	e person in possession of committee
	Full Name J <sub>1</sub> a	cıqıueılıinıe, R. Bırıoıwır	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
•	Mailing Address	[9,0,5, ,S,p,i,v,e,y, ,R,d,	<del>                                      </del>	
	-	[P <sub>1</sub> O <sub>1</sub>   B <sub>1</sub> O <sub>1</sub> x <sub>1</sub>   9 <sub>1</sub> 4 <sub>1</sub> 1 <sub>1</sub>   1		
		Griai pi ei liai nidi		7,5,8,4,4,-[2,0,3,3]
	Title or Position	CITY	STATE	ZIP CODE
	Chair na	usio ni ili ili ili	Tolombour acceptor	9,3 <sub> </sub> 6 - 2 <sub> </sub> 0,4 - 3,8 <sub> </sub> 7 <sub> </sub> 2
	$C_1h_1a_1i_1r_1p_1e_1r_1$		Telephone number	01001-21014-010112
8.	Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the .g., assistant treasurer).	e treasurer of the commit	tee; and the name and address of
	Full Name of Treasurer Jia	cıqıurerlii inrer iRr iBirrojwir	<u>)                                    </u>	
	Mailing Address	9,0,5, Spitvey Rola	(d, 1   1   1   1	
		G <sub>1</sub> r <sub>1</sub> a <sub>1</sub> p <sub>2</sub> e <sub>1</sub> l <sub>1</sub> a <sub>1</sub> n <sub>1</sub> d <sub>1</sub> , , ,		] [7,5,8,4,4]-[,,,]
	Title or Position	CITY	STATE	ZIP CODE
		<u>isioini i i i i i i i i i i i i i i i i i </u>	Telephone number	9,3,6-[2,0,4-[3,8,7,2]

CITY

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

THOM: THIS: SMITH

K. Drawll- 11e

Jamcaster, 520 47 Lewis

Federal Election Commission From Milysion IN Report Analysis Division 999 E. Street NW Woshington, DC 20463

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MORTH TEXAS IX PROX

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## **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 Postmarked USPS First Class Mail Póstmárked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked<sup>®</sup> **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):

DATE PREPARED

(8/2013)

PREPARER