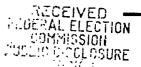


FEC FORM 1

Use

Only

STATEMENT OF ORGANIZATION



FEC FORM 1

(Revised 02/2009)

n Müli FORM 1 1. NAME OF (Check if name Example: If typing, type 12FE4M5 **COMMITTEE** (in full) over the lines. is changed) DAVID SU FOR CONGRESS ADDRESS (number and street) (Check if address is changed) ID = AMOIN A BIALRI CITY ZIP CODE STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) IDAVIIDSIUFIOIR COINIG RESISIOGMAIIL : COM (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) VIW. W. YIOIUINIGIGIUINIGOIPI. ICIOIM (Check if address is changed) 2. DATE C **FEC IDENTIFICATION NUMBER** 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. DAVID Type or Print Name of Treasurer Signature of Treasurer 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. Office For further information contact:

eral Election Commis

Toll Free 800-424-9530

Local 202-694-1100

FEC FC	Jilli 1 (Revised 022009)		raye z								
	COMMITTEE										
	e Committee:										
(a) X	This committee is a principal campaign committee. (Complete the candidate inf	ormation belov	v.)								
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)										
Name of Candidate	[DiA;vit,Disku		11111	1 1							
Candidate	tion REP Sought: X House Senate	_	State	CA							
Party Affiliat	tion REP Sought: X House Senate	President	District	12							
(c)	This committee supports/opposes only one candidate, and is NOT an authorize	ed committee.									
Name of Candidate											
Party Cor				·							
(d)	This committee is a (National, State or subordinate) committee of the		(Democratic, Republican, etc.)	Party.							
Political A	Action Committee (PAC):										
(e)	This committee is a separate segregated fund. (Identity connected organization of	on line 6.) Its c	onnected organizati	on is a:							
	Corporation Corporation w/o Capital Stor	ck	Labor Organiza	ation							
	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 NC committee. (i.e., nonconnected committee)	OT a separate	segregated 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	5.)									
Joint Fund	draising Representative:										
(g)	This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a fe			al							
(h)	This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal of	nt proceeds for		ų							
Com	nmittees Participating in Joint Fundraiser										
1.	FEC ID nun	nber C	·								
2.	FEC ID num	nber C									
3.		nber C									
4.		uper C									
	\		<i>:</i> .								

W	/rite or Type Committee Nam	ne						
6 .	Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spon	sor					
L	<u> </u>							
L	11111111		للل					
	Mailing Address							
			Ш					
			l L					
		CITY STATE ZIP CODE						
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S	ponsor					
7.	Custodian of Records: ide books and records.	entify by name, address (phone number optional) and position of the person in possession of cor	nmittee					
	Full Name D A V	±15 S.U	لب					
	Mailing Address	LISIOITI ISTIRAIW FILIOINER LIN	لــــــــــــــــــــــــــــــــــــــ					
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		DIAMONO BAR L	لــــا					
	Title or Position	CITY STATE ZIP CODE	ZIP CODE					
	TREASURER	Telephone number [9,09]-[2,6,2]-[2,3	3,1 ,}					
8.	Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and addres assistant treasurer).	s of					
	Full Name of Treasurer	±5,5,4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	لب					
	Mailing Address	LISOF STRAW FLOWER LN	لــــــــــــــــــــــــــــــــــــــ					
			لــــا					
		DTAMOND BAR CITY STATE ZIP CODE						
1	Title or Position	Telephone number 9,09-202-23	311					

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Mailing Address

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Full Name of Designated Agent		1			 				 								_	_		_								_	L							_
Mailing Address				L	i	L	ı	1	 		_				ı			i															ı	┸		_
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Title or Position																																				
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

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
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 I	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): Rec'd From Date of Rec	eipt or Postmarked
a	3/2,2/10
(3/2005)	DATE PREPARED