FEC

STATEMENT OF **ORGANIZATION**

2009 NOV 23 AM 8: 447

FORM Office Use Only 1. NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FOR CONGRESS ADDRESS (number and street) (Check if address is changed) STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ŹČÓĠ 2. DATE C FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR 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. 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 penalities of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. 10 N

Off Us Or	Se 11 1	0.04	· .		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	l
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FEC FORM 1 (Revised 02/2009)

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(b)	 This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidatinformation below.) 										date																						
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FEC Form 1 (Revis	sed 02/2009) Page 3
Write or Type Committee N	lame
REETZ FOR	CONCRETS
	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
1111111	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor
Mailing Address	BOSTOWAS ARK CIR HOLAS-
Title or Position	CITY STATE ZIP CODE
REGORDS	1 1 1 1 1 1 1 1 1 1
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the name and address of .g., assistant treasurer).
Full Name of Treasurer	[A] REGIZ-
Malling Address	BOSTIONAGPARK CIR
	54616161
•	CITY STATE ZIP CODE
Title or Position $T_{i}R_{i}GA_{i}S_{i}U_{i}R_{i}\in$	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

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FEC Form	1 (Revised 0.2/2009)		Page 4
Full Name of Designated Agent			
Mailing Address	CITY	STATE	ZIP CODE
Title or Position	Telephone nu	mber	لــــا-لــــا
safety deposit box Name of Bank, De		·	funds, holds accounts, rents
Mailing Address	CHASE BANK		
	LOW SINISULUTION CITY	IK.Y STATE	140,254/1
Name of Bank, De	epository, etc.	 	
ť	REAUGLICE BANK		
Mailing Address	MIBBO MAIN SIT	<u>K</u>	1402.4.7)-L
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D 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	ation™ 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
Other (Specify):	ceipt or Postmarked
	11/23/29
(3/2005)	DATE PREPARED