FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5			
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ADDRESS (number and street)	$P_1 \cdot O_1 \cdot P_1 O_1 X_1$	3131161121111				
(Check if address						
is changed)	$C_1R_1P_1 = C_1H_1R_1I_1S_1$	T_1I_1	T ₁ X			
		YTIC	ETATS EDOC			
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one e-	mail address)				
(Check if address	RIOISIEIFIOIRICIO	iNiGiRiEISISI@iGiMiA	ILL.COM			
ಹಿತೆ is changed)						
COMMITTEE'S WEB PAGE AL	DDRESS (URL)					
(Check if address	$R_{ O S E M E Z A H A R R I S O N O R G + + + + + + + + + + + + + + + + + + $					
is changed)	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
9 7-14		r m	·			
2. DATE 0 1 0	4 2012	•	t or t			
3. FEC IDENTIFICATION N	NUMBER C.O.	0504498				
4. IS THIS STATEMENT	NEW (N) OR	X 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 Treasur	er GEORGE C	LOWER	haren di kira da e di Pundanser a dasi e e upan se di Padan da Epan da Epan di Pada da Epan di Pada di Pada di			
Signature of Treasurer	Fr Clase	<u> </u>	Date 1 0 1 9 2 0 1 1			
NOTE: Submission of false, error	/	may subject the person signing the DN SHOULD BE REPORTED WI	nis Statement to the penalties of 2 U.S.C. §437g.			
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530				

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TYPE OF COMMITTEE						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the cano	didate information below.)					
(b) This committee is an authorized committee, and is NOT a principal ca information below.)	In third					
Name of Candidate $ \begin{array}{ccccccccccccccccccccccccccccccccccc$						
Candidate Party Affiliation DEM Sought: X House Senate	e President District 2.7*					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate ROSE MEZA HARRISON						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of	(Democratic, the Republican, etc.) Party.					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organical content of the committee of the connected organical content or connected organical connected organical content or connected or co	nization on line 6.) Its connected organization is a:					
Corporation Wo Ca	pital Stock Labor Organization					
Membership Organization Trade Association	Cooperativo					
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	r on line 6.)					
East 11 audition, this committee is a auditionity i rise. (towning sponsor on this c.)						
Joint Fundraising Representative:						
(g) This committee collects contributions, pays fundraising expenses and distributions, at least one of which is an authorized committee.	·					
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.						
Committees Participating in Joint Fundraiser						
1. [C ID number C					
2.	C ID number C					
3.	C ID number C					
4.	C ID number C					
*	has the college of th					

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Write or Type Committee Na	me				
ROSE MEZA	HARRISON FOR CONGRESS	<u> </u>			
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor.			
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: Connec	ted Organization Affiliated Committee Jaj Joint Fundraising Representative	Leadership PAC Sponsor			
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person	n in possession of committee			
Full Name G E iO	${}_{j}R_{j}G_{j}E_{1}$ ${}_{j}C_{j}L_{j}O_{j}W_{j}E_{j}R_{j}$, , , , , , , , , , , , , , , , , , ,				
Mailing Address	$3 \cdot 0 \cdot 4 \cdot \cdot \cdot M \cdot O \cdot R \cdot N \cdot I \cdot N \cdot G \cdot S \cdot I \cdot D \cdot E \cdot \cdot$				
	CIRIPI CHIRIISITII TIX	7:8:4:0:4)-[
Title or Position	CITY STATE	ZIP CODE			
T R E A S U R E F	Telephone number 3 6 1	1-438-0884			
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and ., assistant treasurer).	the name and address of			
Full Name of Treasurer G ₁ E ₁ O	$_{1}R_{1}G_{1}E_{1}$ $_{1}C_{1}L_{1}O_{1}W_{1}E_{1}R_{1}$ $_{1}$				
Mailing Address	$\left[3_{1}0_{1}4_{1}\right]M_{1}O_{1}R_{1}N_{1}I_{1}N_{1}G_{1}S_{1}I_{1}D_{1}E_{1}$				
		111111			
	$\begin{bmatrix} C_1R_1P_{1-1}C_1H_1R_1I_1S_1T_1I_{1-1-1-1-1} & T_1X \end{bmatrix}$	7,8,4,0,4]- , , ,			
Title on Decision	CITY STATE	ZIP CODE			
Title or Position T ₁ R ₁ E ₁ A ₁ S ₁ U ₁ R ₁ E ₁ F	R	L]-[4 ₁ 3 ₁ 8]-[0 ₁ 8 ₁ 8 ₁ 4			

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Full Name of Designated Agent G,E,O	$_{1}R_{1}G_{1}E_{1}$ $_{1}C_{1}L_{1}O_{1}W_{1}E_{1}R_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$ $_{1}$		·
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	C ₁ R ₁ P ₁ C ₁ H ₁ R ₁ I ₁ S ₁ T ₁ I ₁	TX STATE	7 ₁ 8 ₁ 4 ₁ 0 ₁ 4 ₃
Title or Position		1.	
$T_1R_1E_1A_1S_1U_1R_1E_1R_1$	Telephone r	umber 3	6,1-4,3,8-0,8,8,4
safety deposit boxes or ma	etc.		· · · · · · · · · · · · · · · · · · ·
	CITY	STATE	ZIP CODE
Name of Bank, Depository	etc.		
Mailing Address		<u> </u>	
		ليا	
	CITY	STATE	ZIP CODE

(3/2005)

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