12030953364

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 NOW 19 AM 8: 28

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MSC MAIL CENTER					
MEdia Fun	d Surve Pa	-4						
ADDRESS (number and street)	119214 6	14ds Tone DA						
(Check if address is changed)								
	CITY A		STATE A ZIP CODE A					
COMMITTEE'S E-MAIL ADDRES	SS							
(Check if address is changed)	Chanles 17 M	Modra Fred Sug	e. 744					
• ,	Optional Second E-Mail Add		Com-					
COMMITTEE'S WEB PAGE ADI	DRESS (URL)							
(Check if address is changed)	WWW ME	he Frank Su	PAC					
• ,								
2. DATE 1 5 2 2 2								
3. FEC IDENTIFICATION NUMBER > C >> 525 - 524								
4. IS THIS STATEMENT NEW (N) 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 Clasics Harry								
Signature of Treasurer Charles Hill 25 2512								
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 Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100						

FEC Fo	rm 1 (Revised 02/2009)	Page 2			
TYPE OF C	OMMITTEE				
Cendidate	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. (Complete the candidate information below.)				
Name of Candidate					
Candidate Party Affiliati	Office on Sought: House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Con	nmittee:				
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	ction Committee (PAC):				
(e)	This 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.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated 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.)				
Joint Fund	Iraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	vo or more political			
	committees/organizations, none of which is an authorized committee of a federal candidate.				
Com	mittees Participating in Joint Fundraiser				
1.	FEC iD number C				
2.	FEC ID number C				
3.	FEC ID number C				
4.	FEC ID number C				

FEC Form 1 (Revised	02/2000)				Page 3
Write or Type Committee Name			·····	· · · · · · · · · · · · · · · · · · ·	rage 3
1/91/0	-				
6. Name of Any Connected (Organization. Affi	liated Committee. Joint	Fundraising Represe	ntative. or Lea	dership PAC Sponsor
.B . A .					
II KO CONDENI				1111	
Mailing Address					
				1111	
			11111	. 1 1 .	-
		CITY	S	TATE	ZIP CODE
		A 6911 A . A . O			
Relationship: Connected	d Organization	Affiliated Committee	Joint Fundralsing Re	presentative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, add	dress (phone number	optional) and position	of the person i	n possession of committee
Full Name	na Fred	SHUL B	5		
	49214	GLASTAGE	P/		
Mailing Address	1	1771111			
		saud			u U17.2
	D4-791				7 7 6
Title or Position		CITY	ST	ATE	ZIP CODE
			Telephone number	لبيا	
8. Treasurer: List the name an any designated agent (e.g.,			he treasurer of the cor	mmittee; and th	ne name and address of
Full Name of Treasurer	ins Hay	Ement.			
Mailing Address	19214	Glad STONE	E .	1111	
	Barohose	Phis	<u> </u>	1. 1 1 11	
		<u> </u>		H 14	4172-1-1
Title or Dealthan		CITY	ST	ATE	ZIP CODE
Title or Position		1	Telephone number	17.66	- 293 - 17222

FEC Form 1 (Revise	ed 02/2009)		Page 4			
Full Name of Designated Agent		Charles the	Man D			
Mailing Address		1 LO 1 Torus				
	CITY	STATE	ZIP CODE			
Title or Position		Telephone number	VS - 1253 - 19822			
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. Name of Bank, Depository, etc.						
Mailing Address	122897 Chay	vein Blue	<u> </u>			
		ليا ليبي	لسسا-لسسا			
	CITY BERNA	STATE (40 ZIP CODE 44122			
Name of Bank, Depository,	etc.					
the	Tington Detrovo	BNA				
Mailing Address	Fast office	BOX 197	970			
	Chapter 312		~ لىسبىنىسا			
	- Beadousel		MA123-			
	CITY	STATE	ZIP CODE			

(3/2005)

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** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail 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):