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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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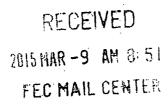
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					Offic	e Use Only	
NAME OF COMMITTEE (in full)	(Check is chan	if name	Example: If typing, to over the lines.	ype 12FÉ	4M5	TEC MAI	L CENTER
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ADDRESS (number and street)	1/10/11 PIRIOISIPIEIRIDIUISI PILIAICIEI						
(Check if address is changed)	S1W1717181 1315101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	CITY A	! 6 T 10 11	4	STATE		ZIP CODE 4	
COMMITTEE'S E-MAIL ADDRE	ESS						
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	Optional Secon	nd E-Mail A	Idress				
			 				
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COMMITTEE'S WEB PAGE AD	DRESS (URL)		• .				
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2. DATE			Service Service Service	en e			
3. FEC IDENTIFICATION N	IUMBER ▶	Cl	0.13.833	9			
4. IS THIS STATEMENT	NEW (N)	OR	AMENDE	D (A)			
I certify that I have examined	this Statement an	d to the bes	t of my knowledge and	belief it is true, co	orrect and	complete.	
Type or Print Name of Treasure	er PAN	1 H	Inman				
Signature of Treasurer	Parn 1.	JAN	na	Date	o 2 ′	2.2 2.0	1.5
NOTE: Submission of false, error			n may subject the person			penalties of 52 U.S.0	C. §30109.
Office Use Only			For further info Federal Election Toll Free 800-42- Local 202-694-11	4-9530		FEC FORM 1 (Revised 06/2012)	

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	F COMMITTEE	
Candid	date 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. (Compl information below.)	ete the candidate
Name of Candidat		· · · · · · · · · · · · · · · · · · ·
Candidat Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (Committee:	
(d)		Democratic, epublican, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
(Committees Participating in Joint Fundraiser	
	1.	
	2.	
;	3.	
4	4. FEC ID number C	

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Write or Type Committee Name	·	
National Tour	Association TourPac	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
Mailing Address		
·		
	CITY STAT	E ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	tify by name, address (phone number optional) and position of t	he person in possession of committee
Full Name PAM	ILMMAN	
Mailing Address	1011 PRIOSPERIOUS PILIPICIE	
	[5,013,17,18,13,10,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	
	LIEIXI SINI GITIOIM IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1 40509-
Title or Position	CITY STATE	ZIP CODE
PRESSIDIKINITI	Telephone number	[8,5,9]-[2,6,4]-[6,5,5,1]
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commassistant treasurer).	uittee; and the name and address of
Full Name of Treasurer	ENIM AN IIII	
Mailing Address	(101), 18,000,518,800,015, 18,6,6,6	
	SIN1317181 1317101	<u> </u>
	LEXITING TIDIN	1 40509-
Title or Position	CITY STATE	
Micesialent	Telephone number	18,5,9 - 12,6,4 - 6,5,5,1

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		·	· ·
Full Name of Designated			1
Agent ~		 	
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	<u> </u>	phone number	
. Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the exes or maintains funds. Depository, etc.	ne committee deposits funds, h	olds accounts, rents
Mailing Address			
		<u> </u>	
			!-! !
	CITY	OTATE	717.0005
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
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Madical Address		 	
Mailing Address	\	 	
			
		نا ليا ليــُ	
	СПУ	STATE	ZIP CODE



FEDERAL ELECTION COMMISSION 999 E STREET, NW WASHINGTON, DC 20463

(8/2013)

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 Postmarked 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): PREPARER DATE PREPARED