FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	RECEIVED FEC MAIL CENTER 2018 DEC - 4 PM 3: 38 Office use only		
1. NAME OF COMMITTEE (in t	full) (Check if name Example: If typying, type is changed) over the lines	12FE4M5		
For God's Sake	» - / / . / . / . / . / . / . / . / . / .			
ADDRESS (number and s				
(Check if addre is changed)	ss #705 Houston	└╷╷ ⁷⁷⁰⁵⁷ ┘╴└╷╷╷		
COMMITTEE'S E-MAI		STATE ZIP CODE		
info@forgodss	ake.us			
	<u></u>			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
	ake.us 			
COMMITTEE'S FAX N 7139743713	IUMBER			
2. DATE				
3. FEC IDENTIFICATION NUMBER C C00455972				
4. IS THIS STATEM				
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				
Signature of Treasurer	Mark Kamin	Date 2 '0.4' 20.0.8		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS				
Office Use Only FE3AN042.PDF	For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			

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FEC Form 1 (Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candid	ate (Comm	ittee:
	and the second value of th		

(a)

(b)

This committee is a principal campaign committee. (Complete the candidate information below.)

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	╿ ╵ <u>╸┨╶┊╴┨╶╻╴┨╶╽╴╩╴╢╴┇╴┠╌┨╶┨╌┨╌┨╌┨╌┨╌┨╌┨╌┨╌┨╌┨╌┨╌┨╶┨╴╢╴┨╶┨╴╢</u> ┈┑
Candidate Party Affili	Ampendicismus
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	imittee:
(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. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o Capital Stock
	Membership Organization Trade Association Cooperative
(f) X	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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. (g)

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.		FEC ID number	C
2.		FEC ID number	c
3.	<u>Le ra reconstructor de la constructor d</u> e	FEC ID number	c
4.		FEC ID number	c
5.		FEC ID number	c

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(h)

FEC Form 1 (Revi Vrite or Type Committee N			Page 3
For God's Sake			
Name of Any Connect	ed Organization, Affiliated Committee, Leadership P	AC Sponsor or Joint Fundr	aising Representative
	<u> </u>	<u>ii : I .'_ I</u> _	<u>! ' · i</u>
Mailing Address			<u>IiL_II</u>
· .			<u></u>
	CITY	STATE 🛦	ZIP CODE
Relationship:			
Connected Organiz	zation Affiliated Committee Leadersh	ip PAC Sponsor Join	t Fundraising Representa
	: Identify by name, address, (phone number op ittee books and records.		
possession of Comm	ittee books and records.		
possession of Comm	ittee books and records.		
possession of Comm	ittee books and records.		
possession of Comm	ittee books and records.	<u> </u>	<u> </u>
possession of Comm Full Name Mailing Address Title or Position ♥ 	Te ame and address (phone number optional) of the	STATE	
possession of Comm Full Name Mailing Address Title or Position ♥ Treasurer: List the na name and address o Full Name	CITY A	STATE	
possession of Comm Full Name Mailing Address Title or Position ♥ Treasurer: List the naname and address o Full Name of Treasurer	CITY A Te ame and address (phone number optional) of th f any designated agent (e.g., assistant treasurer). IA-RK KAMIN	STATE	ZIP CODE A
possession of Comm Full Name Mailing Address Title or Position ♥ Treasurer: List the na name and address o Full Name	CITY A	STATE	ZIP CODE A
possession of Comm Full Name Mailing Address Title or Position ♥ Treasurer: List the naname and address o Full Name of Treasurer	CITY A Te ame and address (phone number optional) of th f any designated agent (e.g., assistant treasurer). IA-RK KAMIN	STATEA slephone number te treasurer of the committed RINE # 705	
possession of Comm Full Name Mailing Address Title or Position ♥ Treasurer: List the na name and address o Full Name of Treasurer	CITY A CITY A Te ame and address (phone number optional) of th f any designated agent (e.g., assistant treasurer). IARK KAMIN (363 0000MAY D	STATEA slephone number te treasurer of the committed RINE # 705	

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FEC Form 1 (Rev			Page 4
Full Name of Designated Agent	ANNETTE NATHA	N	
Mailing Address	7 EAST ACRES]	DRIVE	
	PENNINGTON	NJ	08534
Title or Position ♥		STATE A	
BOARD MEM	IBER	Telephone number 60	19737_1863
		,,,,,,,,,	
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate h	
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USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirm	nation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	a 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
Date of Re	eceipt or Postmarked
Imp	12/5/18
PREPARER	DATE PREPARED
(3/2005)	

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