FEC

10030301443

STATEMENT OF

FORM 1		ORGA	NIZAT	Office Use Only			
1. NAME OF COMMITTEE (in	i full)	(Check if is changed		xample:If typing, type ver the lines.	12FE4M	Office Use Only	
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	Щ.	<u> </u>					
ADDRESS (number and street) 5/2/8/6/1E LIAIS: LIOMAS SIT							
(Check if a	ddress						
is changed)	ı	LIOINIGI B	IEIAICIHI		[CA]	1910:8115-	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	NL ADDRES	SS (Please provide c	only one e-mail	address)			
Chook if	address	lanidiriem	1@151h1a11	cipi4icianigicie	<u> 251514011</u>	<u> </u>	
is change				<u> </u>			
COMMITTEE'S WEB	DAGE ADE	DESS (LIBL)					
COMMITTEES WED	FAGE ADL		10040	an iaitieis isici) 127 0 1		
(Check if is change		I		2111911 1C13121C1C			
•			1 1 1 1 1 1				
2. DATE	3] ′ []	2 2010					
3. FEC IDENTIFIC	CATION NU	JMBER	C				
4. IS THIS STATE	MENT 🔀	NEW (N)	OR	AMENDED (A)			
I certify that I have o	examined th	nis Statement and to	the best of n	ny knowledge and belief	it is true, corre	ct and complete.	
Type or Print Name	of Treasurer	LINDA	5 SH	ARP		<u> </u>	
Signature of Treasure	ſ	inda (Sha	njo	Date 0	4'12'200	
NOTE: Submission of		•	•	subject the person signing		to the penalties of 2 U.S.C. §437g.	
Office Use Only				For further information Federal Election Commiss Toll Free 80-044-9530		FEC FORM 1 (Revised 02/2009)	

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car		Committee:	
(a)	Ø	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. (Cominformation below.)	plete the candidate
Nam Can	e of didate	ANDRIEM JAMES SHARP	
	didate y Affiliati	on REP Office Nouse Senate President	State CA
	<i>y</i>	Tesacin	District 3.6
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Cor	nmittee:	
(d)	X		(Democratic, Republican, etc.) Party.
Poll	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	gregated 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.)	
			·
Join	nt Fund	raising 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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		·
	3.		·
	J.		<u> </u>
	4.	FEC ID number C	

Write or Type Committee Name ANDREW SHARP FOR CONGRESS 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon Mailing Address CITY STATE ZIP CODE	sor
ANDREW SHARP FOR CONGRESS 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon Mailing Address Mailing Address	sor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon Mailing Address Mailing Address	sor
Mailing Address	
CITY STATE ZIP CODE	
CITY STATE ZIP CODE	
CITY STATE ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC	Sponsor
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of contents and records.	nmittee
books and records.	
Full Name LLI INDIA I S. ISI HARIPI I I I I I I I I I I I I I I I I I I	
Mailing Address 4.1.8.0. ICIANIDILIEBERIRY AIVENUE	1 1
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[SIEALIBIEACH 1/2017,40]-L	<u></u>
Title or Position CITY STATE ZIP CODE	
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CICIMIMILITITIEIE ITIRIEIAISIUIRIEIRI Telephone number [5,6,2,-14,9,8]-13,4	216.16
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional)	ss of
any designated agent (e.g., assistant treasurer).	٠
Full Name of Treasurer LUNDASSISHARP	
Mailing Address 4.1.8.0 CANDLEBERRY, AVENUE	11
	1.1.
ISEAL BEACH LIGH 190740-LI	1 1
CITY STATE ZIP CODE	
Title or Position	

CITY

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

Page 4

ZIP CODE

STATE

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.						
Hand Delivered	Date of Receipt					
USPS First Class Mail	Postmarked					
USPS Registered/Certified	Postmarked (R/C) 4/13/10					
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					
Im P	4/19/10					
(3/2005)	DATE PREPARED					