2009 SEP 25 AM 11: 26

FEC	
FORM	:1

STATEMENT OF

ORGANIZATION (See instructions) Office use only .. (Check if name NAME OF . Example: If typying, type 12FE4M5 COMMITTEE (in full) is changed) over the lines Southern Prosperity in Opportunity PAC ADDRESS (number and street) (Check if address is changed) **Vashington** ZIP CODE **STATE CITY** COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) spopac2009@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE 14 Y 20.09 C **FEC IDENTIFICATION NUMBER** 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 **Diane Evans** Type or Print Name of Treasurer Date Signature of Treasur 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 For turther information contact: **FEC FORM 1** Use Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 (Revised 02/2009) Only

		FEC F	orm 1 (Revised 02/2009)			Page 2
j.	TYPE	OF CO	MMITTEE (Check One)			
Candidate Committee:						
	(a)	MANUTAL STATES	This committee is a principal campaign comm	nittee (Complete	the candidate inform	nation below.)
	(b)	Charles Services	This committee is an authorized committee, a information below.)	nd is NOT a prir	icipal campaign comi	mittee. (Complete the candidate
	Name Cand		! <u> </u>		_	<u> </u>
	Cand Party	idate Affiliatio	on Office Sought:	House	Senate	State President District
	(c)		This committee supports/opposes only one car	ndidate, and is N	NOT an authorized co	ommittee.
	Name Cand			!	<u> </u>	<u></u>
	Party	Comm	The Mile Advances and the Mile		g	ne myrma a entmiklatillillilli
	(d)		, , ,	ational, State r subordinate) co	ommittee of the	(Democratic, Republican,etc.) Party.
	Politi	cal Acti	on Committee (PAC):			
	(e)		This committee is a separate segregated fund.	. (Identify connect	cted organization on	line 6.) Its connected organization is a:
			Corporation	Corporation w	/o Capital Stock	Labor Organization
			Membership Organization	Trade Associa	ation	Cooperative
			In addition, this committee is a Lob	bvist/Registrant	PAC.	
	(f)	[x]	This committee supports/opposes more than o committee. (i.e., nonconnected committee)	- -		separate segregated fund or party
			In addition, this committee is a Lobbyist/F	Regiștrant PAC.	•	
			X In addition, this committee is a Leadershi	p PAC. (Identify	sponsor on line 6.)	
	Joint	- —— Fundrai	sing Representative:			
	(g)		This committee collects contributions, pays functionmittees/organizations, at least one of which			
	(h)		This committee collects contributions, pays functionmittees/organizations, none of which is an			
		Com	nittees Participating in Joint Fundraiser	_		Michael Confession and the first of the state of the stat
			1		FEC ID number	C
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5480880
nittee; and the
20003
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FEC Form 1 (Revised 02/2009)				Page 4		
Full Name of Designated Agent	Chris Trull				·	
Mailing Address	456 New Jersey Ave		nue, SE			
	#2	#2				
	Washir	ngton		DC	20003 –	
Title or Position ♥		CITY A		STATE 4	ZIP CODE A	
Assista	ant Treasurer		Telephone ni	umber 337		
		·	· ·			
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ENVELOPE REPLACEMENT PAGE	on Commission GE FOR INCOMING DOCUMENTS this filing to indicate how it was received.
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USPS Express Mail	
Postmark Illegible	
No Postmark	·
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Overnight Delivery Service (Specify).	Next Business Day Delivery
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Received from Senate Public Records	Date of Receipt Office
Received from Electronic Filing Office	Date of Receipt
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En	9/25/09
PREPARER	DATE PREPARED
(3/2005)	