## **FEC** FORM 1

20-16:02:0+;0M:00044464

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER Office Use Only

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5 ZUIGHEB		
GOLFINI BIOYLE	FIFOR PRES	IDENITI 12101116	CAMPAJON		
COMMITTEE					
ADDRESS (number and street)	811816181 1605	TI VAILICEY IL	14NE		
☐ <b>(Check if address</b> is changed)					
*	DEXTER I		O_R		
COMMITTEE'S E-MAIL ADDRES	SS		·		
☐	CANDIDATE	e, L, E, T, 5, W, I, 5, E, U	1P101818161		
	Optional Second E-Mail Add $T_1B_1E_1A_1S_1U_1B_1E_1B_1$		PIPI. 101B1G1 1 1 1 1 1 1 1 1		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
☐ ◀ (Check if address is changed)	LETS WISEU	P 0 0 8 6 1			
2. DATE ( )	5 / 2016				
3. FEC IDENTIFICATION NU	JMBER ▶ . CO	0,5,9,2,7,8,2			
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	Michelle r	2ivers			
Signature of Treasurer	all all-		Date [1.2] (2.0.1.5)		
NOTE: Submission of false, errone		may subject the person signing ION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30108 WITHIN 10 DAYS.		
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	EEL ELIKNI		

Toll Free 800-424-9530 Local 202-694-1100

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5.			OMMITTEE Committee:		
Candidate 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 Candi		G9LINIB D9YLG		
	Candi		Office State		
	Рапу	Affiliatio	n IND Sought: House Senate President District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Party	y Com	mittee:		
	(d)	1	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.		
	Polit	ical Ad	ction 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 Labor Organization		
			Membership Organization Trade Association Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.		
٠	(f)		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 Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAS (Identify sponsor on line 6.)		
	Joint	Fund	raising Representative:		
	(g)		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.		
	(h)	Ū	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.		
		-			
		Comr	nittees Participating in Joint Fundraiser		
		1.	FEC ID number C		
		2.	FEC ID number		
		3.	FEC ID number		
	٠.	4./	FEC ID number		

Write or Type Committee Name

6. Name of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative,	or Leadership PAC Sponsor	
	<u> </u>		/ 	
Mailing Address				
		<del></del>		
	CITY	STATE	-ZIP CODE	
Relationship: Connect	ed Organization Affiliated Committee Jo	int Fundraising Representat	ive Leadership PAC Sponsor	
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	entify by name, address (phone number optic	onal) and position of the pe	rson in possession of committee	
Full Name	IN, 1B, 10,0,4,4E, 1,11	.1 1 1 1 1 1 1 1 1 1		
Mailing Address	PO BOX 3611			
		· 		
	DEXITEB	111 OB	9,7,4,3,6-	
Title or Position	CITY	STATE	ZIP CODE	
CANDITO A TIE		Telephone number 5	<u> </u>	
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the to assistant treasurer).	reasurer of the committee;	and the name and address of	
Full Name of Treasurer	HELLIEI IAI RIVIVIEIRISI I		<u>++++ </u>	
Mailing Address				
Title or Position	OIII	SIAIL	211 OODL	

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Federal Election 999 E.Z.

Washington, DC

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

Hand Delivered  Postmarked  USPS First Class Mail  USPS Registered/Certified  USPS Registered/Certified  Postmarked  Date of Receipt  Date of Receipt  Date of Receipt or Postmarked  Other (Specify):  PREPAREE  PREPAREE	The FEC added this page to the end of this filling to indicate now it was received.				
USPS Registered/Certified  USPS Registered/Certified  USPS Priority Mail  USPS Priority Mail Express  Postmarked  USPS Priority Mail Express  Postmarked  Date of Receipt  Date of Receipt  Preceived from Senate Public Records Office  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt or Postmarked  Date of Receipt or Postmarked  Date of Receipt or Postmarked	Hand Delivered	Date of Receipt			
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USPS Priority Mail Express  Postmark Illegible  No Postmark  Overnight Delivery Service (Specify):  Next Business Day Delivery  Pate of Receipt  Date of Receipt  Received from Senate Public Records Office  Date of Receipt  Pate of Receipt  Date of Receipt Other (Specify):	USPS Priority Mail	Postmarked			
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Received from House Records & Registration Office  Date of Receipt  Received from Senate Public Records Office  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt or Postmarked  Other (Specify):  PREPARER  DATE PREPARED		Next Business Day Delivery			
Received from Senate Public Records Office  Date of Receipt  Date of Receipt  Date of Receipt or Postmarked  Other (Specify):  PREPARER  DATE PREPARED	Received from House Records & Registration				
Received from Electronic Filing Office  Date of Receipt or Postmarked  Other (Specify):  PREPARER  DATE PREPARED	Received from Senate Public Records Office	Date of Receipt e			
Other (Specify):  2/1/6 PREPARER  DATE PREPARED	Received from Electronic Filing Office	Date of Receipt			
· · · · · · · · · · · · · · · · · · ·	Other (Specify):	Date of Receipt or Postmarked			
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	PRE#ARER (3/2015)	DATE PREPARED			