FEC FORM 1

STATEMENT OF **ORGANIZATION**

				Office Use Only
1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
COMMITTEE	ID,	CLECTIT	IMMY WESTL	EG FOR CONGRESS
	_1_1_	<u>.</u>		
ADDRESS (number and street)	15	826 TUR	FWAY PARK	
(Check if address is changed)	•			
Q T	Se	LMA		[X 28154-
9		CITY A		STATE ▲ ZIP CODE ▲
DOMMITTEE'S E-MAIL ADDRE			,	·
(Check if address is changed)	WE	STLE44C	ONGRESSIGGI	MAILOCOM
			ldress	
3) 2	士工	MUGSITILE	-410,419,000,010,010)
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COMMITTEE'S WEB PAGE AD (Check if address		3 .		
is changed)	WW	Weitinwe	est leyocom	
		<u> </u>	<u> </u>	
•				
2. DATE 0 1	å	20.19		
3. FEC IDENTIFICATION N	UMBER	► C0	05.977.1.6	
4. IS THIS STATEMENT	NI	EW (N) OR	AMENDED (A)	
I certify that I have examined t	nis State	ement and to the best	t of my knowledge and belief i	it is true, correct and complete.
Type or Print Name of Treasure	r _	TRACIA	WESTLEY	
Signature of Treasurer	Z	in A		Date 0.7 1.8 26.1.4
NOTE: Submission of false, erron			may subject the person signing FION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530	FCC. FURING

Local 202-694-1100

FEC ID number

FEC ID number

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FEC Form 1 (Revised 02/2009)

TYPE OF COMMITTEE

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FI	EC Form 1 (Revised (02/2009)				·	Page 3
Write or	Type Committee Name	9					
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6. Name	of Any Connected C	Organization, Affi	liated Committee, Jo	int Fundraising Rep	presentative,	or Leadership I	PAC Sponsor
NONI	<u> </u>						!
Mailing	Address						
			<u> </u>	·			
			CITY		STATE	ZIP	CODE
Relatio	onship: Connected	d Organization	Affiliated Committee	Joint Fundraisin	g Representat	ive Leaders	ship PAC Sponsor
	dian of Records: Ider and records.*	ntify by name, add	dress (phone number	- optional) and pos	ition of the pe	rson in possess	sion of committee
Full Na	ame IRAC	CIA WE			<u>; </u>		
Malling	Address	115826	TURFWA	4 PARK	1 1 1 1 1		
•							
		SELMA	<u> </u>			178159	<u> </u>
Title o	r Position • •		CITY		STATE	ZIP	CODE
15,6	CRETARY			Telephone nu	ımber 12	085	2-12.964 Pm
	rer: List the name and signated agent (e.g., a			f the treasurer of th	ie committee;	and the name a	and address of
Full Na of Trea	1 1 4/ A C	IA WE	STLEY				
Mailing	Address •	115826	, JURFW	94 PAR	$K_{}$	<u> </u>	<u>.</u>
	•	SELMA	<u> </u>			7859	<u> </u>
Title or	Position		CITY	Telephone nu	STATE mber 2	ZIP - 8 5	27964
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•	•	-					
-ull Name of							
Designated Agent							
Mailing Address	Ĺ	<u> </u>	<u> </u>	_ <u> </u>	1 1 1 1 1 1		<u> </u>
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				Teleph	ione number		
Banks or Other			s or other depositorio			funds, holds accounts, ren	
	xes or mainta Depository, etc	ins funds.		es in which the	committee deposits		ts .
Banks or Other safety deposit bo	xes or mainta Depository, etc	ins funds.	BROOK	es in which the	committee deposits	funds, holds accounts, ren	is .
Banks or Other safety deposit bo Name of Bank, [xes or mainta Depository, etc	OCPH	BROOK	es in which the	committee deposits		ts .
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Banks or Other safety deposit bo Name of Bank, [xes or mainta Depository, etc	OCPH	BROOK	es in which the	committee deposits		ts .

CITY

ZIP CODE

STATE

Mailing Address

FEC	Form	15	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ of _

1		FEC ID number	C
3.		. I FEC ID number	
1			C
4.		FEC ID number	C
		FEC ID number	C
Name of Any Connected O	Organization, Affiliated Committee, Joint	Fundraising Representati	ive, or Leadership PAC Sports
Mailing Address	1	<u> </u>	
•			
Relationship:	CITY ▲	STATE	ZIP CODE A
•	by name, address (phone number – optior	nal)	· · · · · · · · · · · · · · · · · · ·
Full Name	by name, address (phone number – option	nal)	
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Federal Election Commission 1050 First Street N.E.

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Washington, DC 20463

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Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
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PREPARER (3/2015)	DATE PREPARED				