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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED -

2012 JAN 20 AM 8: 27

FORM 1	ORGANIZA	ATION	FEGILANICENTER		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	1ŽFE4M5		
STEWART I	ALEXANDER FO	R PRESIDEN	<u>7 </u>		
		RIETA HOT.	SP.R.I.N.	65 RO	
ADDRESS (number and str	#149				
(Check if addres is changed)	MURRIETA		CAI	9.2563-	
·		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL A	DDRESS (Please provide only one e	•			
(Check if address is changed)	5tewartal	exander.4pa	feca.	rr. com	
COMMITTEE'S WEB PAG	E ADDRESS (URL)	randar on the control of the second of the s	The second secon	A COMPANY TO TANKE UT TO THE	
(Check if address is changed)	ess <u>stewartoll</u>	exanderfor	presi	<u>dentaola.org</u>	
2. DATE ON	09 2012				
3. FEC IDENTIFICATION	ON NUMBER CO	0505263			
4. IS THIS STATEMEN	T NEW (N) OR	AMENDED (A)			
I certify that I have exam	ined this Statement and to the best	of my knowledge and belief it	is true, correct	and complete.	
Type or Print Name of Tro	easurer ANGELA	K. SARLA)		
Signature of Treasurer	Augelek. Si	ulay	Date 0	09/2012	
NOTE: Submission of false,	erroneous, or incomplete information ANY CHANGE IN INFORMATION	may subject the person signing to ON SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.	
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

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TYPE OF COMMITTEE				
Candid	date	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 o Candida		Stewart Alexander		
Candida Party Af		n Sp Office State President District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candida				
Party (Com	mittee:		
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.		
Politic	al 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.		
(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 PAC. (Identify sponsor on line 6.)		
Joint Fundraising 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)		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		
:	2.	FEC ID number		
;	3.	FEC ID number		
	4.			

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٧	Vrite or Type Committee Name	9	,
	Stewart A	lexander For President Campaio	an Committee
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
£	SOCIALISTI V	PARTY USA IIIIIIIIIIII	
L			
	Mailing Address	B39 LAFAYETTE ST. #30311	
		MEM YORK WY STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person	n in possession of committee
	Full Name Site	uart Alexis Alexander	
	Mailing Address	40485 Murrileta Hot Spring	35 Rd
		#149	,
		Murrieta CA	92563-
	Title or Position	CITY STATE	ZIP CODE
	Candidate	Telephone number 906	71-12231-120.671
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	Full Name of Treasurer	14202 Bluffpoint Rd.	
	Mailing Address	4202 Bluffpoint Rd.	
		ROWLETT STATE	7,50881-1923H zip code
	Title or Position	Telephone number 14/69	11-18.7.81-192821

Full Name of Designated Agent	lewart Alexis Alexa	nder		
Mailing Address	40485 Murrieta H	ot Sprin	ngs Rd.	
	#149	, , , , , , , , , , , , , , , , , , , ,		
•	Murrine ta	L CA	92563	
Title or Position	telep	hone number g_0	191-12231-120671	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
Name of Bank, Deposit	ory, etc.			
Fi	rst Citizens Bank			
Mailing Address	41520 Ivy Street	L <u>. L. J. J. J. J. L. L. L</u>		
			·	
	Murrieta	LJ ICA	92562-	
	CITY	STATE	ZIP CODE	
Name of Bank, Deposit	ory, etc.			
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Mailing Address				
		ليا ليا		
	CITY	STATE	ZIP CODE	

(3/2005)

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. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): PREPARER **DATE PREPARED**