STATEMENT OF

DEOF

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FORM 1		ORGANIZ	ATION		7012 OF 1
NAME OF COMMITTEE (in	, full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	FEC MAIL CENTER
		·	over the inless.	Marinama 2 roden 19	WALL DENTE
Birman for	LLL	755 			
ADDRESS (number a	nd street)	PO Box 647		<u> </u>	
(Check if a is changed					
		Folsom CITY		CA 95 STATE ▲	5763
COMMITTEE'S E-MA	AIL ADDRES	SS			
(Check if a is changed		Kellylawler	e e comcast, i	ret	
		Optional Second E-Mail A	ddress		ı
				<u> </u>	
COMMITTEE'S WEB (Check if a is changed) 2. DATE 0	address i)				
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	on prime i pris responsa que ma que se o presenta por responsa que se especial de la compansa de la compansa d Se establista de la compansa de la c		
4. IS THIS STATEM	MENT 🎗	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined this	s Statement and to the bes	st of my knowledge and belief it	is true, correct ar	nd complete.
Type or Print Name	of Treasurer	Kelly	Lawler		t tier quintengen, en qu'engle gle grant que partique partique primit qu'enct qu'en en co
Signature of Treasure	er. X	ellyGr	culer	Date 09	65 2013
NOTE: Submission of			n may subject the person signing to TION SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate	e information below.)
(b) This committee is an authorized committee, and is NOT a principal campa information below.)	ign committee. (Complete the candidate
Name of Candidate Igor A Birman	
Candidate Office Party Affiliation REP Sought: X House Senate	State CA President District O7
(c) This committee supports/opposes only one candidate, and is NOT an authorized the committee supports and the committee supports are candidate, and is NOT an authorized the committee supports are candidate, and is NOT an authorized the committee supports.	orized committee.
Name of Candidate	
Party Committee:	(Daniel 1)
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization)	tion on line 6.) Its connected organization is a
Corporation Corporation w/o Capital	
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 committee. (i.e., nonconnected committee)	s NOT a separate segregated 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.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of	
(h) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
1. [] FEC ID	number C
2. FEC ID	number C:
3.	number C
4.	number C
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FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		
Birman for Co	ngress	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
		·
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representation	entative Leadership PAC Sponsor
7. Custodian of Records: le books and records.	Identify by name, address (phone number optional) and position of th	e person in possession of committee
Kelly La	awler	
Full Name	976 Pacific	<u> </u>
Mailing Address		<u> </u>
	, Willows , CA	, ,95988
] [
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	530 934 5823
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	tee; and the name and address of
Full Name Kelly La of Treasurer	3wler	
Mailing Address	1976 Pacific	
		<u> </u>
	Willows] [95988]
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	530 - 934 - 5823

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FEC Form 1	(Revisea U 2/2009)		Page 4
Full Name of Designated			
Agent			<u> </u>
Mailing Address		<u> </u>	
		1 . 1	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nu	mber	
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Kal Group Po Box 984 Willows, CA 95988

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Federal Election Commission 999 E. Street, NW Washington, DC 20463

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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** Postmarked **USPS Priority Mail Express** 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): 9/10/13 DATE PREPARED