FEC FORM 1	STATEME ORGANIZ	_	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
	erica 2012		
ADDRESS (number and street	10 Artisan Lane		
(Check if address is changed)	Sante Fe		NM 87507
		CITY	STATE ZIP CODE
(Check if address is changed)	RESS (Please provide only one of wifordcampaign@gmail.cc		
COMMITTEE'S WEB PAGE	ADDRESS (URL)		
(Check if address is changed)			
2. DATE 11	22 / Y Y Y Y 2011		
3. FEC IDENTIFICATION	NUMBER C C	00502385	
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)	
I certify that I have examine Type or Print Name of Treas	d this Statement and to the bes	t of my knowledge and belief	it is true, correct and complete.
Signature of Treasurer	nnis M. CPA Najjar	[Electronically Filed]	Date 11 22 2011
NOTE: Submission of false, er		may subject the person signing	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

11/22/2011 16 : 43

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(d) This committee is a or subordinate) committee of the Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its com (e) Corporation Corporation w/o Capital Stock (f) Membership Organization Trade Association (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee) (f) In addition, this committee is a Lobbyist/Registrant PAC. (f) In addition, this committee is a Lobbyist/Registrant PAC. (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	
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. (Commitmo below.) Name of Candidate Samuel Timothy II Wiford Candidate Samuel Timothy II Wiford Candidate IND Party Affiliation IND Office Sought: House Senate Party Committee (National, State (d) This committee is a Party Committee: (National, State (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its com Political Action Committee (PAC): (National, State (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its com Corporation Corporation w/o Capital Stock Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee	Page 2
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(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	
committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1.	
2 FEC ID number	
3 FEC ID number C	
4 FEC ID number	

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

Wiford for America 2012

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	Mailing Address										
		CITY	STATE ZIP CODE								
	Relationship: X Connected	Organization Affiliated Committee	loint Fundraising Representative Leadership PAC Sponsor								
7.	. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.										
		CPA Najjar									
	Full Name	PO Box 636									
	Mailing Address										
		Pompton Plains	NJ 07444-1990								
	Title or Position	CITY	STATE ZIP CODE								
	Treasurer		973 835 1550 Telephone number								

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Dennis M. CPA Najjar
of Treasurer	
Mailing Address	PO Box 636
	Pompton Plains NJ 07444-1990 –
	CITY STATE ZIP CODE
Title or Position Treasurer	Image:

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			 																							1					
Mailing Address																															
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						СП	ΓY											STA	ΤE						ZIF	Р С	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>] –				_				

9. 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, Depository, etc.

L	os Alamos National Bank		
Mailing Address	1200 Trinity Drive		
	Los Alamos	NM 87544	
	CITY	STATE ZIP CODE	
Name of Bank, Dep	pository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP CODE	