Image# 12970766613 PAGE 1 / 4

FEC FORM 1		STATE ORG <i>A</i>							Office	Use On	ly		
NAME OF COMMITTEE (ir		(Check if is change	d)	over the	e:If typing, e lines.	type	12F	E4M5			,		
JOHN ED\	WARD:	S FOR PI	RESID	ENT									
ADDRESS (number a  (Check if are is changed)	ddress	1718 M Street, NV	V				DC		20036		-		
			CIT	ΓΥ			STATE	_		ZIP	CODE	<u> </u>	
COMMITTEE'S E-MA (Check if is change	address	S (Please provide of the provide of	-	ail addres	ss)								
COMMITTEE'S WEB  (Check if is change	address	RESS (URL)	s.com										
2. DATE 0;	3 20	2012											
3. FEC IDENTIFIC	CATION NUI	MBER	C C004	31205									
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDE	D (A)							
I certify that I have a		Statement and to	the best of	my knov	wledge and	l belief it	is true,	correct	and co	mplete			
Signature of Treasure	<i>Lora Hag</i> er	gard		[El	ectronically	Filed]	Date	03	/ D	20	/ Y	20	12
NOTE: Submission of		us, or incomplete in							the pen	alties o	of 2 U	.S.C.	§437g.

ı lu	ffice Jse Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.)	omplete the candidate
Name of John Edwards Candidate	
Candidate Office	State
Party Affiliation DEM Sought: House Senate X President	District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(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 on line 6.) Its c	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 committee. (i.e., nonconnected committee)	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 disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1.	
2. FEC ID number	
3.	
4.	

FEC <b>Form 1</b> (Revise	d 02/2009)		Page <b>3</b>
Write or Type Committee Na			i aye 🗸
	RDS FOR PRESIDEN	IT	
	d Organization, Affiliated Committee, Join		e, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sponsor
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	dentify by name, address (phone number	optional) and position of the	person in possession of committee
Lora Ha	aggard		
	1718 M Street, NW		
Mailing Address	353		
	Washington	DC	20036
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202   -   827   -   7362
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of ., assistant treasurer).	the treasurer of the committee	e; and the name and address of
Full Name Lora Ha	ggard		
of Treasurer	1718 M Street, NW		
Mailing Address	[353]		
	Washington		130036
	CITY	DC STATE	20036 ZIP CODE
Title or Position Treasurer		Telephone number	202 - 827 - 7362
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FEC <b>Forr</b>	<b>m 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
		TE 712.22-
Title or Position	CITY STA	ATE ZIP CODE
Mailing Address	Suite 1020	
	McLean	VA   22102   -   -     -
	CITY STA	ATE ZIP CODE
Name of Bank, I	Depository, etc.	
Mailing Address		