FEC STATEMENT OF ORGANIZATION

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2009 NOV 30 AM 10: 22

1. NAME OF COMMITTEE (in full)	FORM 1	Or	IGANIZA			Office Use Only
ADDRESS (number and street) (Check if address is changed) (Check if address is changed is changed in the address in the address is changed in the address is chang	•				12FE4M5	
Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) COMMITTEE'S WEB PAGE ADDRESS (URL) Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) Check if address is changed) 3. FEC IDENTIFICATION NUMBER CLOOH. 2.7344 4. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer MONICA FRIEDLAMAER Signature of Treasurer COffice Office Office Office Office Office Office Office Office Office For truther information contact: FEC FORM 1 Foregate Geodon Commission FEC FORM 1 Federal Geodon Commission FEC FORM 1 FEC FORM 1	DRAFT	GORE	11111	- - - - - - - - - - - - - - - - - - -		
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COMMITTEES WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE (Check if address is changed) 3. FEC IDENTIFICATION NUMBER (C 0.0 4.2.7.3.4.4) 4. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer MONICA TRIBLIANSE Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office Use For further information contact: FEC FORM 1 Feeteral Election Commission (Paging Office)	COMMITTEE'S E-MA	الـ ADDRESS (Please بـ	provide only one e-ma	ail address)		
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Signature of Treasurer MONICA FRIEDLANGE Signature of Treasurer Date Date Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Federal Election Commission Toll Fine PRO 424 0630 (Paydood 02/0000)	4. IS THIS STATE	MENT NEW	(N) OR	AMENDED (A)	•	
Signature of Treasurer Date Date	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
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ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office Use For further Information contact: Federal Election Commission Toll Fed 900.424.9530 (Payring) (20000)	Signature of Treasurer <u>Augustallaull</u> Date 11/20/2009					
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		OMMITTEE		
Cai	ndidate	e Committee:		
(a)		This committee is a principal campaign committee. (Complete the candidate information below	w.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate	
	ne of didate	<u> </u>		
	didate y Affiliatio	on Office Sought: House Senate President	State	
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District [
	ne of didate	ALLGORE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Par	rty Con	nmittee:		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Pol	itical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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)	(آتِ. <u>)</u> الْدِينَةِ	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.)		
Joir	nt Fund	Iraising 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.	FEC ID number		
	2.	FEC ID number C		
	3.	FEC ID number C	======================================	
	4.	FEC ID number C		

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Write or Type Committee Nam	e e	
DRAFT	GORE	
6. Name of Any Connected	Organization, Affillated Committee, Joint Fundralsing Re	epresentative, or Leadership PAC Sponsor
11111111111		
Mailine Address		·
Mailing Address		
	CITY	STATE ZIP CODE
Relationship:	ed Organization Affiliated Committee Joint Fundrais	ing Representative Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and po	sition of the person in possession of committee
Full Name MOIN	ICA FRIEDLANDER	
•	1625 E4 JORANO AUG	
Mailing Address		1
		OA GALLA
	QAK4ANS	CA 1946111-1111
Title or Position	СПҮ	STATE ZIP CODE
GAAIR	REASURER Telephone n	number 5,1,0,-6,0,1,-5,7,5,7
8. Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of tassistant treasurer).	the committee; and the name and address of
Full Name of Treasurer	1GA FRIGOLAUSER	
Mailing Address	625 54 DORADO #393	
	1	
	CITY	C.A 9.4.6.111-L
Title or Position	GATS UIRIGRUM Telephone n	umber 510-601-5757
	- STORE IN THE PROPERTY OF THE	winor being the terms of the te

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	للنست	Telephone number	با-لتنا-لتنا
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		n which the committee deposits for	unds, holds accounts, rents
WGU	45 FARIGO BAN	K	
Mailing Address	110 Bax 6995		
	RORTHAND	DIR	9.7.2.28-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
PAY	PAL (PAYPAL)	.со.и)	
Mailing Address	2211 N. FIRST	ST	
		 	
	SAN JOSE,	LLLL CHA	1951125-
	СПУ	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** 1/103/05 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): 11/30/05