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		STATEME	INT C)F	2010 07	111 20						
FEC FORM 1		ORGANIZ				•						
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1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ple:If typing, type the lines.	12FE4M	5						
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ADDRESS (number a	nd street)	1118171 PK111	MAIOIS	EANEL								
(Check if a	ddress			<u>╷╷╷╷╷</u> ╷╷╷╷╷╷╷								
is changed))	FIONO DULL	LAG		W1Z	54	9351-1					
			CITY		STATE	·	ZIP CODE					
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one	e-mail add	ress)								
(Check if	address	SIMGHPRESEYAHOP.COM										
is change												
COMMITTEE'S WEB	PAGE ADE	DRESS (URL)										
(Check if	addross	KELTHSIM	GLIE17	$10 N \cdot C \cdot 0 M$	<u> </u>							
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FA:x # 9. 2. date 1	м / р	2-9949 2.0.1.0										
3. FEC IDENTIFIC	CATION NU	JMBER C										
4. IS THIS STATE	MENT X	NEW (N) OR	<u> </u>	AMENDED (A)								
I certify that I have e	examined th	nis Statement and to the be	st of my k	nowledge and belief it	is true, corre	ect and c	complete.					
Type or Print Name	of Treasurer	KEITH A	ILA/	N SINGL	ETON							
Signature of Treasure	er K	wet Singk	25		Date	"	1 2010					
NOTE: Submission of		ous, or incomplete informatio ANY CHANGE IN INFORMA				•	nalties of 2 U.S.C. 437g.					
Office Use Only				For further information c Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100			EC FORM 1 Revised 02/2009)					

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5.	TYPE OF C	OMMITTEE
	Candidate	Committee:
	(a) X	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 of Candidate	KEITH ALAN SINGLETON
	Candidate Party Affiliatio	on \mathcal{REP} Office Sought: House Senate X President District
	(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	Party Com	mittee:
	(d)	*(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Political A	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 Fund	raising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	
	3.	
	4.	
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Write or Type Committee Name

6.	Name of Any Connected O	Drganization, Affiliated Committee, Joint I	Fundralsing Representative, c	or Leadership PAC Sponsor
L				
L				
	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representati	ve Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number o	otional) and position of the per	rson in possession of committee
	Full Name	THALAN SINGLE.	TON	
	Mailing Address	1187 PRIMROSE	ANE	
		FOND DY LAC	<u> </u>	549351-1
	Title or Position	CITY	STATE	ZIP CODE
	$ TRF_{1}A_{1}S_{1}u_{1}R_{1}F_{1}R_{1}$		Telephone number	201-15.3.91-11.9.3.6
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of th assistant treasurer).	e treasurer of the committee; a	and the name and address of
	Full Name of Treasurer	TH ALAN SINGLET		
	Mailing Address	1,1,8,7, ARIMROSE	AVE	
			<u>+ + + + + + + + + + + + + + + + + + + </u>	┥
		F 0,N, 0, 0, 4, L,A, C, , , , CITY		5 <u>4935</u> -
	Title or Position $T_1R_1E_1A_1S_1A_1R_1E_1R_1$		Telephone number	PI-15,391-119,36

FEC I	Form	1 (Revised	02/2009)
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Pa	ge	4	
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Full Name of Designated Agent	MAMREEN CECILSINGLET	0 N
Mailing Address	1,1,87, PRIMROSE AVE	
	FOND DU LAC	<u> </u> 2/7 5/4/9/3/5]-
	CITY	STATE ZIP CODE
Title or Position $H_1 S_1 S_1 I_1 S_1$	TIREAS 4 RER Telephon	The number $[2; / [8] - [3; 4; 3] - [3; 8; 8; 7]$

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.

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Name of Bank, D																			-											
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMINO The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confi	rmation [™] Label
USPS Express Mail	Postmarked [§]
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ss Day Delivery
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
Date of I	Receipt or Postmarked
8-	1/28/10
PREPARER (3/2005)	DATE PREPARED
(0/2000)	