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FEC FORM 1

Only

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STATEMENT OF ORGANIZATION

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2008 FEB -4 AM 11: 17

Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. 14FJITIZI IFOIRI CIOINIGIRESSI R O' X' ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS COMMITTEE'S WEB PAGE ADDRESS (URL) **COMMITTEE'S FAX NUMBER** 16,091-12,9,11-10,6,7,91 DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) 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 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 For further information contact: **FEC FORM 1** Federal Election Commission Use Toll Free 800-424-9530 (Revised 12/2007)

Local 202-694-1100

F	EC For	m 1 (Revised 12/2007)	Page 2					
		OMMITTEE						
Can	didate / مم	Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	1	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Cand		DIASIHIVIA MIZEITIZI						
Cand Party	lidate Affiliati	on DEA Sought: House Senate President	State NJ District & 4					
(c)	74. 2001	This committee supports/opposes only one candidate, and is NOT an authorized committee.	Tankhinga (
Name Cand	e of Ildate							
Pari	ty Con	nmittee:						
(d)			Democratic, Republican, etc.) Party.					
Poli		ction Committee (PAC):						
(e)	(Page)	This committee is a separate segregated fund. (identify connected organization on line 6.) its con-	nected organization is a:					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		ingel	·					
		Membership Organization Trade Association	Cooperative					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party					
		in addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Join	t Fund	Iraising Representative:						
(g)	27	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political					
(h)	o or more political							
	Com	mittees Participating in Joint Fundraiser						
	1.	FEC ID number C	Annanda parament principal principal processory of the second of the sec					
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	3.		Property of the section of the sec <mark>lamatic desired.</mark>					
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	5.	FEC ID number C	······································					

	Form 1 (Deviced	12/2007)	Page 3						
FEC Form 1 (Revised 12/2007) Page 3 Write or Type Committee Name									
• •									
6. Name o	Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fund	Iralsing Representative						
A 6 43									
MOINE									
Mailing A	ddress								
		CITY STATE	ZIP CODE						
Relation	-	P. 1000.4							
Con	nected Organizatio	n Affiliated Committee Leadership PAC Sponsor Joint Fu	indraising Representative						
	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.								
Full Nam	. TRE	ASURFRITITION							
Mailing A		1,							
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Title or		CITY STATE	ZIP CODE						
لبا	` 	Telephone number	J-L						
		and address (phone number optional) of the treasurer of the committee; and , assistant treasurer).	I the name and address of						
Full Nan of Treas	e JEA	,N, A,N,N, HOCTZ							
Mailing /	.ddress	1/Pi7, BRIOAD ISTT.							
			<u>. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</u>						
		BOOKER FOR FREE HOLD WIT (77.281-11.9.42						
Title or) Janitian	CITY STATE	ZIP CODE						
_	ASIUIR FL	Telephone number 737	21-14.621-9.0.63						

FEC Form 1 (R	levised 12/2007)	Page 4
Full Name of Designated Agent	<u> 1941/217174 1 1 1 1 1 1 1 1 1 </u>	
Mailing Address	U112 PRIMER IST	
	BOLDENITIONNI INT	
Title or Position	EMISIUI LEER IIIII Telephone number	16,0,91-12,9,81-13,3,5,61
Banks or Other Depo safety deposit boxes o	ositories: List all banks or other depositories in which the committee de or maintains funds.	posits funds, holds accounts, rents
Name of Bank, Depos	itory, etc.	
· [W.	AC,HO,VII,A	
Mailing Address	12,8,4, DIUNINISI MILLY 18D 111	
	BOIRD ENTOWN	J 198505-1-1-
	CITY STA	TE ZIP CODE
Name of Bank, Depos		TE ZIP CODE
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
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Next Business	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
Other (Specify):	ceipt or Postmarked
CMR	2/4/08
(3/2005)	DATE PREPARED