2017 - 06 - 29 - 03 - 00159680

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

			2117-JUM, 29 AFT 1: U
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
[A,2,u,m,a,h,,f,o,r,	Congress		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
ADDRESS (number and street)	1,46 East	, 5,5, S+reet,	
(Check if address is changed)			
	CITY A		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	SS	•	
(Check if address is changed)	lioel forc	, o , n , g , r , e , S , S , @ g , m , a	i,1,-,c,0,M,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
io onangos,	Optional Second E-Mail	_	
			<u> </u>
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)	[w, w, w, - , j, o, e,]	a2, u, m, a, h, . , c o m,	
, , , , , , , , , , , , , , , , , , ,			
		.	
2. DATE 06 1	3 2017		
3. FEC IDENTIFICATION N	umber ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	his Statement and to the b	pest of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	er Joel Anabilah-A	buma h	
Signature of Treasurer	Jol as		Date 0.6 0.0
NOTE: Submission of false, erron		tion may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	ECL- CLIENT

TYPE	E OF C	OMMITTEE				
Can	/	Committee:				
(a)	M	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 Cand	e of didate	Joel, Anabilah-Azumah				
	didate / Affiliati	Office Sought: House Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Pari	ty Con	nmittee:				
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.				
Poli	tical 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.)				
Join	t Func	Iraising 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.	FEC ID number				

Write or Type Committee Name					
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
Mailing Address	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
	CITY STATE ZIP CODE				
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee				
Full Name Joe	, A, n, a, b, i, l, a, h, -, A, z, u, m, a, h, , , , , , , , , , , , , , , , ,				
Mailing Address	[1,4,6, East, 5,5, Street,				
	18,7,0,0,K,1,4,M, [1,1,2,0,3]-				
Title or Position	CITY STATE ZIP CODE				
Candidat-e	Telephone number				
Treasurer: List the name an any designated agent (e.g., and the state of the s	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).				
Full Name of Treasurer	, A, n, a, b, i, l, a, h, -, k, 2, u, w, a, h, , , , , , , , , , , , , , , , ,				
Mailing Address	11,4,6, E,ast, 5,5, St, r,eet,				
	CITY STATE ZIP CODE				
Title or Position [Candidilate					

146 East SS Street

Federal Election Commission Washington, OC 20463 999 E Street, NW

30:7 MA ES MULTIOS RECEIVED FEC MAIL CENTER

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail	6/29/2017
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
í No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness 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):	of Receipt or Postmarked
PREPARER (3/2015)	6/29/2017 DATE PREPARED