## 28059842712

FEC FORM 1

## STATEMENT OF ORGANIZATION



2000 SEP 31 AM II: 55

Office Use Only

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, typ over the lines.	e 12FE4N	15
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		<u> </u>		
ADDRESS (number and street)	12,9,5,1, 18, 18	0641201120.1		
(Check if address	<u> </u>	111111111		
is changed)	WIAISIIILILIAI		HK	9,9654-
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES				,
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	1 1 1 1 1 1 1	<u> </u>		1.
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
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COMMITTEE'S FAX NUMBER				
2. DATE 0 9 2	5 2008			
3. FEC IDENTIFICATION NU	JMBER C			
4. IS THIS STATEMENT X	NEW (N) OF	R AMENDED	(A)	
I certify that I have examined th		best of my knowledge and be	elief it is true, corr	ect and complete.
Type or Print Name of Treasure	, DEBU	A GOETZE		
Signature of Treasurer	July La	risk	_ Date D	9'25'2008
		ation may subject the person signation SHOULD BE REPORT		t to the penalties of 2 U.S.C. §437g. YS.
Office Use Only		For further informs Federal Election Co Toll Free 800-424-9 Local 202-694-1100	ation contact: mmission 530	FEC FORM 1 (Revised 12/2007)

5.

FEC For	rm 1 (Revised 12/2007)	Page 2
TYPE OF C	OMMITTEE 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.)	emplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office on Sought: House Senate President	State  District
(c) X	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	JOHN MCCAIN / SAPAR PALLIN	111111111
Party Con		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
(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 Leadership PAC. (Identify sponsor on line 6.)	
Joint 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
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.	FEC ID number C	
5.	FEC ID number C	

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Write or Type Committee Name	)	
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundralsi	ng Representative
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:  Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundrai	sing Representative
<ol> <li>Custodian of Records: ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in position of the person of the person in position of the person of	ossession of committee
Full Name MAR	KI HIAIVIEINISI I I I I I I I I I I I I I I I I I	
Mailing Address	P10, P10, x, 18,7,0,5,4,7	
	WIRISINGLANI I AIR 919	<u>687</u> -L
Title or Position	CITY STATE	ZIP CODE
	/IDIEIPIT.ITREASIURE Telephone number 907-	2,3,2]-[1,1,4,6]
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name of Treasurer DIF 15 17	4A 160 ETTZE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address	P101 B16181 11 11 01 711 61 1 1 1 1 1 1 1 1 1 1 1	
Title or Position	CITY STATE	ZIP CODE
TIME OF POSITION	Telephone number 9 1 - [	4411-24081
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Full Name of Designated Agent		1111	
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nu	ımber 🔃	
safety deposit boxes or Name of Bank, Deposit	ory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds.  Tory, etc.    Contito on the cont		
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safety deposit boxes or Name of Bank, Deposit	maintains funds.  Tory, etc.    Contito on the cont		
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safety deposit boxes or Name of Bank, Deposit	WASILLYA CITY	STATE	9,9,6,8,7)-L ZIP CODE
safety deposit boxes or Name of Bank, Deposit Mailing Address  Name of Bank, Deposit	maintains funds.  iory, etc.  Cio i fi fi o i vi i W oi oi di Cio ci ci ci di la ci	STATE	9,9,6,8,7)-L ZIP CODE
Mailing Address  Name of Bank, Deposit  Mailing Address	maintains funds.  iory, etc.  Cio i fi fi o i vi i W oi oi di Cio ci ci ci di la ci	STATE	9,9,6,8,7)- 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** Postmarked (R/C) **USPS** Registered/Certified **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): **DATE PREPARED** PREPARER