FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7

2012 FEB 29 AM 8: 46

FORIVIT	·		<u> </u>	EGGICMIA HOLY CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Security for Am	erica Fund VIII	<u> </u>		
			<u> </u>	
ADDRESS (number and street)	,4703 WOODWAY LANE NV	v 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
(Check if address is changed)	WASHINGTON		DC	20016
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide only one e , Thomas@maximumcompli			
COMMITTEE'S WEB PAGE A	ODRESS (URL)			
(Check if address is changed)				
2. DATE 02 '	22 2012			·
3. FEC IDENTIFICATION I	NUMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	t of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasur	er Thomas F.	Max me HIR		
Signature of Treasurer	Thomas F.	Maxwell =	Date Z	22 201 2
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATION	may subject the person signing ON SHOULD BE REPORTED		he penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

ľ	Photo Section 1
٩	Ų
ľ	Name of Street
)
Ļ	17
ľ	,,,,,
¢	
ŀ	
Ç	J
(*	V
r:	-#

	FEC Fo	m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ndidate	Committee:	
(a)		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. (Cominformation below.)	plete the candidate
Nam Can	ne of didate		
	didete y Affiliati	Office Senate President	State
			District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	ne of didate		!
Par	ty Con	ımittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 se committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lebbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Func	raising Representative:	
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	DANIEL WEBSTER FOR CONGRESS	481911
	2.	WALBERG FOR CONGRESS FEC ID number C C00	390724
	3.	RIBBLE FOR CONGRESS FEC ID number C C00	463620
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	e	
Security for Am	nerica Fund VIII	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
		
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in poss	session of committee
John Mar	nnion	ı
Full Name 111	,1320 N Veitch St Apt 1314	
Mailing Address		
	Arlington , VA , ,22201	
	Arlington VA 22201	
Title or Position	CITY STATE 2	ZIP CODE
Asst. Treasurer	Telephone number	324 - 2708
8. Treasurer : List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name Thomas M	Maxwell	
Mailing Address	4703 WOODWAY LANE NW	
	WASHINGTON DC 20016	
Title or Position	CITY STATE Z	ZIP CODE
Treasurer		557 - 1398

FEC Form 1 (Revise	d 02/2009)	***************************************	Page 4	
Full Name of Designated Agent John Mani	nion			
Mailing Address	1320 N Veitch St Apt 1314			
	Arlington CITY	VA 22201 STATE	ZIP CODE	
Title or Position Asst. Treasurer	Telephone nu	mber 203 - [824 - 2708	
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.				
Capitol	One Bank			
Mailing Address	1200 F St NW			
	Washington	DC 20004		
	CITY	STATE	ZIP CODE	
Name of Bank, Depository, etc.				
Mailing Address				
	CITY	STATE	ZIP CODE	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 2/24/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	· · · · · · · · · · · · · · · · · · ·
Overnight Delivery Service (Specify):	Shipping Date
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):	eipt or Postmarked
R	2/29/12
(3/2005)	DATE PREPARED