1203075474

FEC FORM 1

Type or Print Name of Treasurer

Signature of Treasurer

STATEMENT OF ORGANIZATION

RECEIVED

2012 MAR 20 AM 8: 22

Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) aohcompi (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 02/13/2012 DATE C **FEC IDENTIFICATION NUMBER** OR IS THIS STATEMENT NEW (N) AMENDED (A)

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:

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

5.

12010	(1000)	· ugo =			
	COMMITTEE				
Candidate	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. (Complete the candidate information below.)				
Name of Candidate	Howard Knepper				
Candidate Party Affiliat	ion Ind Office Sought: House Senate President	State F L District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate	Howard Knepper				
Party Cor					
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:			
	Corporation W/o Capital Stock	Labor Organization			
	Membersitip 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, thie committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Lendership PAC. (Identify sponsor on line 6.)				
Joint Fund	draising Representative:	··- ·- ·- ·- · · · · ·			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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	nmittees Participating in Joint Fundraiser				
1.	FEC ID number C				
2.	FEC ID number C				
3.	FEC ID number C				
4.					

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Write or Type Committee Name		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Mailing Address		
		للللل
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in posses	sion of committee
Full Name		
Mailing Address		
	<u> </u>	
		<u> - , , , </u>
Title or Position	CITY STATE ZIP	CODE
nae or rosidon	OIT STATE ZIF	CODE
	Telephone number	
 Treasurer: List the name and any designated agent (e.g., a. 	address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer	a Behar	Su!79
Mailing Address	13499 BISCOVINE BIND M-+	(M)
	NORTH MIAMI BEACH STATE ZIP	U-LIL
Title or Position TIMEASURER	Telephone number 305-94	, H-2325

9.

FEC Forn	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		<u>, , , , , , , , , , , , , , , , , , , </u>	
			<u> </u>
	<u> </u>	<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position	ı		
	1 i i i i i i i i i i i i i i i i i i i	phone number	<u></u>
			
	Depositories: List all banks or other depositories in which the xes or maintains funds.	t ne committee deposits	funds, holds accounts, rents
Name of Bank, D	Depository, etc.		
	We115 Fargo		
Mailing Address	14731 Biscayne B	IVD	
	<u> </u>	<u> </u>	<u> </u>
	North Miani Beac	b Eu	3318.1-
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
	<u> </u>	<u> </u>	
Mailing Address	<u> </u>	<u> </u>	
	<u>Lii_i_i_i_i_i_i_i</u>		
	CITY	STATE	ZIP CODE

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.					
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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):	ceipt or Postmarked				
8	2/20/12				
PREPARER	DATE PREPARED				
(3/2005)					