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FEC

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

| FORM 1 | | ORGAN | IIZATIC | N | | 2018-12-13-14 AH 9: 23 |
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| NAME OF COMMITTEE (in | n full) | (Check if naming is changed) | | mple:If typing, type the lines. | 12FE4M | |
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| | -, | Optional Second E-M | lail Address | | | opigimai il Laaim I |
| COMMITTEE'S WEE | B PAGE ADI | DRESS (URL) | | | | |
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| 2. DATE O | ۳ / °۱ | 8 / 2 0 1 8 | | | | · |
| 3. FEC IDENTIFI | CATION NU | JMBER ▶ | C | | | |
| 4. IS THIS STATE | MENT X | NEW (N) | OR | AMENDED (A) | | |
| I certify that I have | examined th | nis Statement and to th | e best of my | knowledge and belief it | is true, corr | ect and complete. |
| Type or Print Name | of Treasure | Teresal | yde/ | | | ···· |
| Signature of Treasur | rer | 1111 | 1 | | Date C | 18 2018 |
| NOTE: Submission of | f false, erroni | | | oject the person signing | | it to the penalties of 52 U.S.C. §30109 AYS. |
| Office Use | | | | For further information of Federal Election Commiss Toll Free 800-424-9530 | | FEC FORM 1 (Revised 06/2012) |

Toll Free 800-424-9530 Local 202-694-1100

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| FEC FO | m I (Hevised U2/2009) | | | | | | | | | | | | ra | ge z | | |
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| TYPE OF C | OMMITTEE Committee: | | | | | | | | | | | | | | | |
| (a) X | This committee is a principal campaign | committee. | (Complete | the | candi | date | inforr | mati | ion t | elov | v.) | | | | | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | | | | | | | | | | | |
| Name of Candidate | Rioibieiriti Willii | iam_s | | <u>L J</u> | <u> </u> | 1 1 | | | 11 | | 1.1 | t | | | <u></u> _ | |
| Candidate Party Affiliati | on DEM Office Sought: | X Hous | se | Se | enate | | | Pi | resid | ent | | | tate | et | • | 3 C |
| (c) | This committee supports/opposes only | one candida | ate, and is | NOT | an a | uthor | ized | con | nmiti | ee. | | | | | | |
| Name of Candidate | | | | | | | | 1 | | | | | ! | | | |
| Party Con | nmittee: | , (Ntakinana) | 0 | | | | | | | | | | | | | |
| (Mational, State or subordinate) comm | | | | | of th | ne | | | | | • | | ocrat | | c.) F | Party. |
| Political A | ction Committee (PAC): | | | | | | | | | | | | | | | |
| (e) | This committee is a separate segregate | ed fund. (Ide | entify conne | ected | orgar | nizatio | n on | line | e 6.) | its co | onnec | cted | gro t | janiz | atio | n is a |
| | Corporation | | Corporation | n w/c | Cap | ital S | tock | | | | L | abo | or O | rgan | izat | ion |
| | Membership Organization | | Trade Ass | ociatio | on | | | | | | С | 00 | pera | tive | | |
| | In addition, this committee | e is a Lobb | /ist/Registr | ant P | AC. | | | | | | | | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee) | | | | | segre | ga | ted i | fund | or į | party | | | | | | |
| | In addition, this committee is a Lo | obbyist/Reg | istrant PAC |) . | | | | | | | | | | | | |
| | In addition, this committee is a Le | eadership P | AC. (Identi | fy spo | nsor | on lin | e 6.) | | | | | | | | | |
| Joint Fund | raising Representative: | | | - | | | | - ~ | | | | | | | | |
| (g) . | This committee collects contributions, pa committees/organizations, at least one of | | | | | | | | | | | יו זכ | nore | polit | ical | |
| (h) | This committee collects contributions, pay committees/organizations, none of which | | | | | | | | | s for | two o | ır m | ore | politi | ical | |
| Com | mittees Participating in Joint Fundrai | iser | | | | | | | | | | | | | | |
| 1. | | | | | FEC | ID r | umb | er | С | | | | | | | |
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| 4. | | 111 | | 1 1 | FEC | ID n | umbe | er (| С | | | | | | | |

| Full Name Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Treasu | Γ | · | | |
|--|----|---------------------------------|---|---------------------------------------|
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name TYPE AS CIPET STATE ZIP CODE Title or Position CITY STATE ZIP CODE 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). | | | | Page 3 |
| Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number Title or Position CITY STATE ZIP CODE Telephone number Full Name of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer: Mailing Address PLO IBIAIX INTER Dearth Ling Light Committee SCC 1249.5.9.0 | | | | |
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| Mailing Address Title or Position CITY STATE ZIP CODE Telephone number Telephone number of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PIQLIBIOIX \$8.81 | | books and records. | | possession of committee |
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FEC Form 1 (Revised 02/2009)

Full Name of

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Federal Election Commission 1050 First St, NE Washington, DC 20463



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| (3/2015) | DATE PREPARED | | | | | | |