	Jud Ochn went to	do By May	29-2014
FEC FORM 1	STATEMENT OF ORGANIZATION	Pagar	Start find fair
	The state of the s		Office Use Only All E: 27
1. NAME OF COMMITTEE (in full)	(Check if name Example: If to over the line	/ping, type 12FE4M5 s.	C MAIL CENTER
RUN FOR-PR	esident united	State AMER	CAN
JACOB BAKE	/		1 10 1 4 1 1 1 1 1
ADDRESS (number and street)	18 7"St Judson	GARRAVILLE	3.5.629.61.1
(Check if address is changed)	12.5 P.F.L.HOM Rd A		
	GNELNINI //G	STATE A	296.15]- ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	JACOBI972849ho		
	Optional Second E-Mail Address J.M.C.B.B.B.R.R.C.R. S.C.	TP 13 2011	HOTMAILSON
COMMITTEE'S WEB PAGE AL	DDRESS (URL)		w *
(Check if address is changed)	JACOD BAKER SE	TP 13 2011	19600
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2. DATE 0.6	4 2014		CEIVED 10 AM 8: 21
3. FEC IDENTIFICATION N	UMBER ► C005/06	28	IVED AM 8: 27 CENTER
4. IS THIS STATEMENT	NEW (N) OR AM	ENDED (A) OMPRADO O	one Run 2012
I certify that I have examined	his Statement and to the best of my knowledg	e and belief it is true, correct a	nd complete.
Type or Print Name of Treasure	JACOB BAKE	<u>'</u> p .	
Signature of Treasurer	buol Bales	Date Öb	04 2014
NOTE: Submission of false, error	neous, or incomplete information may subject the ANY CHANGE IN INFORMATION SHOULD BE	•	ne penalties of 2 U.S.C. §437g.
Office Use	Federal (er Information contact: Election Commission 800-424-9530	FEC FORM 1 (Revised 06/2012)

LANCEY Security and

		OMMITTEE
	ndidate	e Committee:
(a)		/ This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	V	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	ne of didate	JACOB BAKER
	didate y Affiliati	The State on The President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	ne of didate	
Par	ty Con	nmittee:
(d)	No.	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Pol	itical 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)	Suran D See 0	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party
•••	See A	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	nt Fund	Iraising Representative:
(g)	7 9 5 5 1-5	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)	9(9) 6()	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
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	2.	FEC ID number C
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FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address Title or Position

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	Full Name of Designated Agent	SAC	OB BAXE	B		<u> </u>		— —
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			Greeny	CITY		STATE	ZIP CODE	
	Title or Position	dent			Telephone num	ber 86	4-4-04-69	353
9.	Banks or Othe safety deposit b Name of Bank,	ooxes or ma	intains funds.	or other depositories in w	which the committe	ee deposits fu	nds, holds accounts, ren	ts
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