FEC FORM 1		STATEME ORGANIZ	-		PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	onalc				
ADDRESS (number an	d street)	PO Box 771023			
 (Check if an is changed) 					
		Lakewood		OH (44107
		CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAI	L ADDRES				
(Check if ad is changed)		Prosperity@FriendsOf	DonaldLarson.com		
		Optional Second E-Mail Ad	dress		1
COMMITTEE'S WEB	ddress	PRESS (URL)	n.com		
2. DATE 10		D / Y Y Y Y 2015			
3. FEC IDENTIFIC	ation Nu	MBER ► C c	00589986		
4. IS THIS STATEM	ENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined th	s Statement and to the best	of my knowledge and belief it	is true, correct a	and complete.
Type or Print Name o	f Treasurer	Emma Jacqueline Larson			
Signature of Treasurer	Emma	Jacqueline Larson	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 19 2015
NOTE: Submission of fa			may subject the person signing to N SHOULD BE REPORTED W		he penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

10/19/2015 14 : 13

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	F	EC Foi	rm 1 (Revised 02/2009) Page 2	
			OMMITTEE	
	Canc	didate	e Committee:	
	(a)	X	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 Candio			
	Candio Party	date Affiliatio	on REP Office Sought: X House Senate President District Of	=
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candio			
	Party	y Com	nmittee:	
	(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par	rty.
	Politi	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s a:
			Corporation Corporation w/o Capital Stock Labor Organization	I
			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 segregated fund or par committee. (i.e., nonconnected committee)	rty
			In addition, this committee is a Lobbyist/Registrant PAC.	
_			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 two or more political 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	mittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	٦
		4.	FEC ID number C	ī

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Write or Type Committee Name

1 1

Friends of Donald Larson

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N																																											
	Mailing Address				L																																						
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	Relationship:	C	onne	cte	d O)rga	aniz	atic	n		Af	filia	iteo	d C	on	าทา	itte	e		Jo	oint	Fu	Ind	rai	sin	g F	Seb	ore	sei	ntat	iv€	9		Le	ad	lers	shij	p F	ΡΑ(c s	брс	ons	or
7.	Custodian of Rebooks and record		ds:	Ide	ntify	y by	y na	ame	e, a	add	res	s (ph	one	e r	nun	nbe	er -	0	pti	ona	al) i	anc	Iр	osi	tio	no	of t	he	pe	erso	on	in	ро	SS	ess	sio	no	of c	con	nm	itte	;e
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	Title or Position												С	IT۱	Y											0	ST/	AT E	Ξ						Z	IP	СС	DC	E				
	Treasurer															I													I	2	16		1		7	38	1		1	6	75	8	

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).

216

Telephone number

738

Full Name	Emma Jacqueline Larson
of Treasurer	
Mailing Address	PO Box 771023
	Lakewood
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 216 738 6758

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Full Name of Designated Agent				1				ĺ																	1		
Mailing Address																											
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								CIT	Y								ST	ATE				ZI	р С	COD	θE		
Title or Position																											
												Tele	eph	ione	e ni	uml	ber										

9. 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.

First M	erit Bank		
Mailing Address	25 W Prospect Ave		
	Cleveland	OH 44115 -	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	