FEC FORM 1	HAND DELIVERED STATEMENT OF ORGANIZATION	HILCEIVEL FEDERAL ELECTION F-COMPATISTICH PUBLIC DISCLOCUTE DIVISTOR 2015 SEP 17 PM L: RADE Use Only	٦
1. NAME OF COMMITTEE (in	full) (Check if name Example: If the full) (Check if name over the line)	typing, type	
Johnson	Pendletan Friends		
	• <u>+ + + + + + + + + + + + + + + + + + + </u>		
ADDRESS (number a Check if a is changed	address $\rho_{A} \beta_{a} \gamma_{a} \zeta_{b} \rho_{a} \gamma_{a}$	$\begin{array}{c} \mu \mu$	 o Y_
COMMITTEE'S E-MA			
(Check if a is changed	address John Sp n Pendlet Optional Second E-Mail Address	onforprestangi	Liceps,
COMMITTEE'S WEB	address address ) <u> <u> </u> </u>	tonforpresidenticon	<b>7</b>
2. DATE	9 2015		
3. FEC IDENTIFIC			
4. IS THIS STATE		MENDED (A)	
I certify that I have e	examined this Statement and to the best of my knowled	dge and belief it is true, correct and complete.	
Type or Print Name Signature of Treasure	aite Johna Pendlet 15/ 1	S fr Date 0.91' 7.7 ' 201	<u> </u>
NOTE: Submission of	false, erroneous, or incomplete information may subject the ANY CHANGE IN INFORMATION SHOULD E	e person signing this Statement to the penalties of 52 U.S.C. BE REPORTED WITHIN 10 DAYS.	§30109.
Office Use Only	Federal Toll Free	rther Information contact: I Election Commission ex 800-424-9530 202-694-1100	

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## 5. TYPE OF 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			
Name of Candidate	information below.) CATHY Johnson Pendlieton		
Candidate Party Affiliati	on DLM Office Sought: House D Senate President District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Con	nmittee:		
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.		
Political A	ction Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
<b>-</b>	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 segregated fund or party 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.)		
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.		
Committees Participating in Joint Fundraiser			
1.			
2.			
3.			
4			

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Write-or Type Committee Name	°∧ '.			
Jundvasing	Committee			
6. Name of Any Connected (	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor			
LIMIATI				
Mailing Address				
	CITY STATE	ZIP CODE		
Relationship:	d Organization Affiliated Committee DJ Joint Fundraising Representativ	e 🔲 Leadership PAC Sponsor		
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the pers	on in possession of committee		
	lette Thomas			
Mailing Address	P.O. BOX. 5.0.04			
	Laurel mp	20,726-50,04		
Title or Position	CITY STATE	ZIP CODE		
T.1. P.9. S.4.r.Y.	Reidrids Boolds Telephone number	<u></u> ]-= [ <u>1</u> ]-= [ <u></u> ]		

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	etta Barretti	<u>    </u>	
Mailing Address	PO BOX 5004		
	Laure I	mp 1	20726-5004
	CITY	STATE	ZIP CODE
Tipe or Position	TIERSY VIEN Telephone	number 21	2-16501-B9791

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Full Name of Designated Agent		
Mailing Address ROBOX 5004	<u> </u>	
Caurel	HIND P	0726-5004
CITY	STATE	ZIP CODE
Title or Position		
	Telephone number	-
·		
<ol> <li>Banks or Other Depositories: List all banks or other depositories in safety deposit boxes or maintains funds.</li> </ol>	which the committee deposits funds,	holds accounts, rents
Name of Bank, Depository, etc.	1.	
$\langle \rangle$	/ M	
Mailing Address		
		!!
	STATE	ZIP CODE
Name of Bank, Depository, etc.	)	
Mailing Address		F I I .I .I .I .I .I .I .I
	V / !: J	
СІТХ	STATE	ZIP CODE

## Hand Delivered

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.			
Hand Delivered	Date of Receipt		
	9/17/15		
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USPS Priority Mail	Postmarked		
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USPS Priority Mail Express			
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Ne	ext Business Day Delivery		
Received from House Records & Registration (	Date of Receipt Office		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
PREPARER	9/18/15 DATE PREPARED		
(3/2015)			