FEC FORM 1		STATE ORGA	•	··· ·		EIVED L CENTER O office Juse Only	3
1. NAME OF COMMITTEE (ir	n full)	(Check if na is changed)		ample:If typing, type ir the lines.	12FE4M5		
DAVIDI	AREW	KINIGHT	2016				
					<u></u>	L. J. J	
ADDRESS (number a	nd street)	1969 4	$A_{M_1} I_1 L_1 T_1$	ON AVE.			
Check if a	address					• • • • • • • • • • • • •	1
is changed	•		1C11 Y Y	_,,		89706 ZIP	
COMMITTEE'S E-MA	AIL ADDRES	S					
(Check if a is changed	address d)	DDREWKI		9H10TMA11C	- <u>o</u> C10 <u>m</u>		
COMMITTEE'S WEB	address	RESS (URL)			┵╌ ┇┈╽╶╿╶╿╶	<u> </u>	
2. DATE		19 19 19 19 19 19 19 19 19 19 19 19 19 1	С	9			
4. IS THIS STATE	MENT X	NEW (N)	OR	AMENDED (A)			
I certify that I have e	examined this	Statement and to t	he best of my	knowledge and belief i	t is true, correct	and complete.	
Type or Print Name	of Treasurer	PAUD	DREU	/ KNIGHT			
Signature of Treasure	er _/	Pruth			Date		2015
NOTE: Submission of				bject the person signing IOULD BE REPORTED		-	52 U.S.C. §30109.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FC (Revised C	_

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• (FEC Fo	rm 1 (Revised 02/2009)	Page 2
•••••••		OMMITTEE	
Can		Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	Survey of the second	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Nam Cano	e of didate	PAVID DREW KUIGHT	
	didate y Affiliati	on JND Office Sought: House Senate President	State District
(c)	unester of	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee:	
(d)	prozesta interestation	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e) [·]	MCL RA	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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)	addition of the	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	it Func	raising Representative:	
(g)	answerden die	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	มหราวเรา (ชาวาราช	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	2
	3.		
	4.	FEC ID number	

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1775-16711-14781

Telephone number

V	Nrite or Type Committee Nam	e	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso	
L			
L			
	Mailing Address		
		CITY STATE ZIP CODE	
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spo	onsor
7 .	Custodian of Records: Ide books and records.	intify by name, address (phone number optional) and position of the person in possession of comm	nittee
	Full Name DAIV	D. PREW KNIGHT	
	Mailing Address	1969 HAMILTON AVE	1
		GARSION GITTI WIN 1897.06-L	
	Title or Position	CITY STATE ZIP CODE	
	$C_1U_1S_1T_1O_1D_1A_1N$	Telephone number $[7,7,5] - [6,7,1] - [4,7,5]$	<u>8</u> 1
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address assistant treasurer).	of
	Full Name $\mathcal{P}A_{\mathcal{V}_{L}}$	ID DREW KNIGHT	
	Mailing Address	1969 HAMILTON AVE	
		CITY STATE ZIP CODE	

Title or Position

20-15 - 1-1 - NO - OM - 000MM29-1

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Full Name of Designated Agent	BITANLEIT BE ILNIIGHT	- h h h h h h h h h h	
Mailing Address	4969 HAMILTON	AVEL	
	CARSOM GITY		1 89706-
	CITY	STATE	ZIP CODE
Title or Position $A_1S_1S_1I_1S_1$	TRINT TREASVRER	Telephone number	1775-1230-139.80

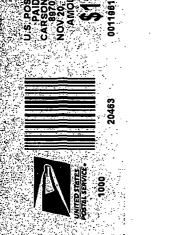
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

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Name of Bank, De	positor	y, et	с.	-												-						-													
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9.

AVID DREW KNIGHT 220N CITT, NV 89706 69 HAMILTON AVE.



EDERAL ELECTION SOMMISION

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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
mP	11/30/2015
(3/2015)	DATE PREPARED