## FEC FORM 1

2020202794

## STATEMENT OF ORGANIZATION

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12 APR -4 PM 2: 31

			Office	Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Dapiel 1	Mongiardo for	US Serve		
	<u> </u>			
ADDRESS (number and street)	450	Duncan Ra	// 	
(Check if address is changed)	Frankfirt	<u> </u>	Kg Ya	60/ -
	<u> </u>	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDI	RESS (Please provide only one e	e-mail address)		
_	I Scily.	Mucci @ Yahog. Go	7 m   1   1   1   1   1   1   1   1   1	
(Check if address is changed)	1			
Ç,				
COMMITTEE'S WEB PAGE	ADDRESS (URL)			
		1 1 1 1 1 1 1 1 1		
(Check if address is changed)				
2. DATE	27 3012			
3. FEC IDENTIFICATION	NUMBER C C	00,393009		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examine	ed this Statement and to the bes	st of my knowledge and belief	it is true, correct and c	omplete.
Type or Print Name of Treas	jurer			
Signature of Treasurer	/2-		Date <b>(03)</b> /	33 20h2
NOTE: Submission of false, e	rroneous, or incomplete information	n may subject the person signing		enalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sioп	EC FORM 1 (Revised 02/2009)

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•	5.			DMMITTEE  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. (Complet information below.)	te the candidate
		Name o Candida			
		Candida Party A		Office Sought: House Senate President	State
		(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		Name o Candida			
		Party	Com	mittee:	
		(d)			emocratic, publican, etc.) Party.
		Politic	al A	ction Committee (PAC):	
		(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a
				Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)	
		Joint I	Fund	raising Representative:	
		(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
		(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
			Com	mittees Participating in Joint Fundraiser	
) )			1.	FEC ID number	<u> </u>
<b>)</b> 			2.	FEC ID number	<u></u>
			3.	FEC ID number	
j			4.		

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Write or Type Committee Na	ame	
		· · · · · · · · · · · · · · · · · · ·
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adersnip PAC opolisoi
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name		
Mailing Address		
		111111111
Title or Position	CITY STATE	ZIP CODE
	Telephone number	]-[]-
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and .g., assistant treasurer).	the name and address of
Full Name of Treasurer		1.
Mailing Address		
		+     1   1   1   1   1   1   1   1   1
Title or Position	CITY STATE	ZIP CODE

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Full Name of Designated Agent		1 1 1 1 1 1
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position	OIT STATE 2	IF CODE
<u> </u>	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds xes or maintains funds. Depository, etc.	accounts, rents
Mailing Address		
		1 1 1 1
	CITY STATE Z	IP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		1 1 1 1

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HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:
HAND DELIVERED Date of Receipt
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