## 14031243810

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

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NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
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	,			
ADDRESS (number and street)	1P10 10101X1 1211	16151   1   1   1   1   1	1 1 1 1 1 1	<u> </u>
(Check if address is changed)				
	CITY A		A2 STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	SS ·			
(Check if address is changed)	Info@Migiuip	i inficicionigh	<u> </u>	
	Optional Second E-Mail Add	dress	ي غد	
			<u> </u>	<u> </u>
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
(Check if address is changed)	MINIMA MICHALI	in forcional gici	-151511161011	<b>^</b>
is changeu)	CO C			
2. DATE 06	2014			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
3. FEC IDENTIFICATION NU	IMREH >			
	NEW (A)	1 AMENDED (A)		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief	it is true, correct a	nd complete.
		_		
Type or Print Name of Treasure	Ella Renee	. Huff		
$\circ$	and a dag	1	[	
Signature of Treasurer	Whee try		Date 5	23 201
NOTE: Submission of false, errone	eous, or incomplete information ANY CHANGE IN INFORMATI	· · · · · · · · · · · · · · · · · · ·	-	he penalties of 2 U.S.C. §43
Office		For further information		FEC FORM 1
Use Only		Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)

Local 202-694-1100

5. TYPE OF COMMITTEE Cendidate Committee:									
	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 information below.)									
	Name Candi		Diaicificitif Managin Dic						
	Candi Party	dale Affiliatio	Office State						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.									
	Name Candi								
	Part	y Com	mittee:						
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.						
	Polit	ical A	ction Committee (PAC):						
	(e) .		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is as						
			Corporation Corporation w/o Capital Stock Labor Organization						
			Membership Organization Trade Association Cooperative						
			In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)								
			committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyisi/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
		 Fund	raising Representative:						
	(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political						
	(h)	Blossell Gramm	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political						
	(11)		committees/organizations, none of which is an authorized committee of a federal candidate.						
		Committees Participating in Joint Fundraiser							
		1.	FEC ID number C						
		2.	FEC ID pumber						
		3.	FEC ID number						
		4.	FEC ID number						

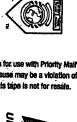
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FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
	•
. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Mailing Address	
	.
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	. TI andership BAC Spanse
Helationship. Connected Organization Anniated Committee Sound Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Identify by name, address (phone number optional) and position of the personal books and records.	on in possession of committee
Full Name MARK BECKER	
KAKA CHANIA OD	
Mailing Address Dinibio Cimpin	
	45 2 <del>- 2</del> 1 1
PARADISE VALLEY AZ	852521-1
Title or Position CITY STATE	ZIP CODE
Telephone number	J-LJ-L
<b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	d the name and address of
Full Name of Treasurer  ELLIGIBEINER HARF	
$\sim$ .	
Mailing Address #136 W. Cheerylynn Rd	
Mailing Address #136 W. Chierry I yon Rd	
Mailing Address #136 W Cheerylynn Rd  Phoenix	8.5019-
	85019-L ZIP CODE

Full Name of Designated Agent	zabeth Singketun							
Mailing Address	120 BIOIX 1261012181							
	· <u> </u>							
	Phaginn	JA2	85068-					
	CITY	STATE	ZIP CODE					
Title or Position	In a line of the second se	1/ /	21 12 1 2 12 11 1					
Kinanaa C	Telephor	ne number 2	02-1760-174117					
· · · · · · · · · · · · · · · · · · ·								
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the cointains funds.	ommittee deposits	funds, holds accounts, rents					
Name of Bank, Depository, etc.								
	. t o ak							
Fill	SIT BIANK	v 2						
Mailing Address	12525 Gost Camelba	CB FOO	d Sunte/12					
	MASSANI							
	Phoenix	1/2	<i>850/6</i> 1-LIII					
·	CITY	STATE	ZIP CODE					
Name of Bank, Depository,	etc.							
		<del></del>						
Mailing Address								
		ليا ل						
	CITY	STATE	ZIP CODE					







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