

2010 JUL 13 PH 5: 03

**FEC** 

## STATEMENT OF

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) MARYLAND VIOTORY 2010 ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 12 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. \$437q. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	-	
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TYPE OF C	OMMITTEE Committee:					:	
(a)	This committee is a principal cam	npaign committee. (Comp	plete the candidate info	rmation below.)	ı		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate		<u> </u>	1	<u>: : L L .</u>		<u>!</u> :	
Candidate Party Affiliati	Office Sought	t: House	Senate	President	State District	!	
(c)	This committee supports/opposes	only one candidate, and	d is NOT an authorized	committee.		: ;	
Name of Candidate		1				<u>:</u> <u> </u>	
Party Con	nmittee:	<u></u>			<del></del>	!	
(d)	This committee is a	(National, State or subordinate) c	ommittee of the		(Democratic, Republican, etc.)	Party.	
Political A	ction Committee (PAC):	· · · · · · · · · · · · · · · · · · ·		<u></u>	· · · · · · · · · · · · · · · · · · ·		
(e)	This committee is a separate seg	regated fund. (Identify co	nnected organization o	n line 6.) Its con	nected organizati	on is a	
	Corporation	Corpor	ation w/o Capital Stock	•	Labor Organiza	ition	
	Membership Organization	Trade	Association		Cooperative	1	
	In addition, this cor	mmittee is a Lobbyist/Reg	gistrant PAC.				
<b>(f)</b>	This committee supports/opposes committee. (i.e., nonconnected cor		candidate, and is NO	Γa separate se	egregated fund or	party	
	In addition, this committee	is a Lobbyist/Registrant f	PAC.				
	In addition, this committee	is a Leadership PAC. (Ide	entify sponsor on line 6.	)			
Joint Fund	Iraising Representative:					, ,	
(g) X	This committee collects contribution committees/organizations, at least			•	vo or more politica	: al	
(h)	This committee collects contribution committees/organizations, none of			•	o or more politica	1	
Com	mittees Participating in Joint Fu	undraiser			•	į	
1.	Mikuski for Ser	rate: Commi	Hee FEC ID num	ber C OD	19927	3	
2.	Frank Kratovil (	for Congress	FEC ID num	ber C <i>OO</i>	43493	6	
3.			FEC ID num	ber C		i	
4.			FEC ID numl	per C	i		

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Write or Type Committee N			<del></del>			1
MARYLIAM	n VICTON	ey 2010				:
6. Name of Any Connector	ed Organization, A	ffiliated Committee, Join	t Fundraising Representa	ative, or Leade	rship PAC Spon	sor
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		. <u> </u>	<u>!                                    </u>	<u> </u>		<u> </u>
Mailing Address				_ <u>i_i_i_</u> _L_i	<u> </u>	<u> </u>
	<u> </u>		<u> </u>		<u> </u>	<u>                                     </u>
		CITY	STAT	┛ ┎╸	ZIP CODE	لنبل
						ı
Relationship: Conne	ected Organization	Affiliated Committee	Joint Fundraising Repre	sentative L	eadership PAC S	Sponsor
				<del></del>	· · · · · · · · · · · · · · · · · · ·	
Full Name	ren Po 4251	2th St N	E::::	·		
Title or Position	POSIL	CITY	ا <b>ك</b> ا لــــــــــــــــــــــــــــــــــــ	- 40l	ZIP CODE	لــــــــــــــــــــــــــــــــــــــ
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Treasure	<u></u>		Telephone number	12021-6	2811-18	180
any designated agent (e.		rer).	the treasurer of the comm	littee; and the r	name and addres	ss of
		<u></u>	<u> </u>	<u> </u>	<u> </u>	لب
	washi	maton	STATE	201	202-	لند
Title or Position I YeaSUYEV	<u> </u>	لننند	Telephone number	_	2811-18	180

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					<del></del>	į
	Full Name of Designated Agent ULSS	ica Klo	msky	<u>'                                    </u>		; ; <del></del>
	Mailing Address	PO BUX	518			
		Strans	ville	<u> </u>	MD STATE	21 (e.lg.lg
	Title or Position  ASST.: Treat	surcy	·	Telephone nun		21-619-6460
9.	Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, e	ntains funds.	other depositories in	which the committ	ee deposits	funds, holds accounts, rents
	Mailing Address	Bank	Roland	Avenue	<u>                                       </u>	· 
				<u> </u>		·
		Baltym	une	<u>: .: </u>	MO	12-12-
			CITY		STATE	ZIP CODE
	Name of Bank, Depository,	etc.				
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	Mailing Address .	·	; ' '       ! !	<u>: : :   _   _   _   _   _   _   _   _   </u>		. 1 1 1 1 1 1 1 1
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			CITY		STATE	ZIP CODE

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