## FEC FORM 1

302005382

## STATEMENT OF **ORGANIZATION**



13 JAN 30 PM 4: 45

			Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
WARGUTZ, FO	R. U.S. SehA	, t <sub>1</sub> e <sub>1</sub>	<u> </u>
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ADDRESS (number and street)	10, Box, 36	9	<u> </u>
(Check if address is changed)			1   1   1   1   1   1   1   1   1   1
	GRASOWVIII	1.1.1.	M.B. 2:1.6.3.8
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	WAR, GO, 7, 2, 4, 4	ssehateey, A	- 4,0,0,, Go,kg
	Optional Second E-Mail Add		
		<u> </u>	
COMMITTEE'S WEB PAGE AD	DDESC (HOL)		
(Check if address	JHESS (UHE)		
is changed)			
2. DATE     2	6 2013		
3. FEC IDENTIFICATION NU	JMBER ► C O	04.6.3711	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
certify that I have examined th	is Statement and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	CHERYL-A	NN WARGOTZ	
Signature of Treasurer	In Day Mil	2 Hay S	Date 01 26 2013
NOTE: Submission of false, errone	ous, or incomplete information m	nay subject the person signing the N SHOULD BE REPORTED WI	nis Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)

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FEC I	Form 1 (Revised 02/2009)
	COMMITTEE ate Committee: (hongs
(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 information below.)
Name of Candidate	
Candidate Party Affilia	Clata
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.
<b>(f)</b>	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 Fun	draising 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.
Com	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number C

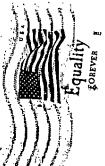
FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	е	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
<i>.</i>	<b>√o</b>	chye
Mailing Address		
•		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	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 perso	n in possession of committee
CHE		
Full Name \(\(\mu_1 \mu_1' \mu_1'\)	RYL-ANN, WARGOTZ	
Mailing Address	PO BOX 3,6,9	
	GIRMSIOINIVIIILIE MIN	21638-
Title or Posițion	CITY STATE	ZIP CODE
Theusen		
I N G WJACINI EING	Telephone number $[rac{arphi_1}{arphi_1}]$	7-353-6338
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
Full Name of Treasurer		
Mailing Address	P10, B0, x, 3,6,9,	
	GRASONULLE MM 12	)/63011
	CITY STATE	ZIP CODE
Title or Position T.R. GASIUINEIR	$\perp$ Telephone number $ \mathcal{Y}_{i} _{i}^{o}$	
E1-1-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	Telephone number $\mathcal{Y}_{1,0}$	- 353-0338

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DANA K. MCCALLUM SUPERINTENDENT

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## United States Senate

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