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## STATEMENT OF

FEC FORM 1		ORGANIZ	ATION		Office Use Only
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	· · · · · · · · · · · · · · · · · · ·
COHHILITE	E T	ELECT Jo	hn H Beand	- <del></del>	اروروم
	ш				
ADDRESS (number a	nd street)	111118 Shar	PICINCILE I	<b>A</b>	
(Check if address is changed)					200301
		وه ۱۱ رنم ۱۲ اوج	(d,S)		390301-[
			СПҮ	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one e	e-mail address)		
(Check if address is changed)		beard join	nnebrandfor	Colviding	SSI COM
			11111111		
COMMITTEE'S WEB	PAGE ADI		. Ca Ca. a.a	_	,
(Check if address is changed)		Man Dear	for Cansiness	1. COM	
				1 1 1 1 1	
2. DATE		<u> </u>	o be assign		
3. FEC IDENTIFIC	CALION NO	IMBER O			•
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have	examined th	is Statement and to the bes	t of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasure	John M	Beard		
Signature of Treasur	er _	JUM 13		Date 12 <sup>m</sup>	′ 14′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′
NOTE: Submission of	•	•	n may subject the person signing to		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Tall Free 800-424-9530 Local 202-894-1100		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can	ndidate	e Committee:	
(a)	X.	This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee, information below.)	(Complete the candidate
Nam- Cano	e of didate	John Hartin Beard	11111
	didate / Affiliat	ion <b>DEM</b> Office Y House Senate Preside	State NV
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee	
Namo	e of didate	[ ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]	
Pari	ty Con	nmittee:	
(d)	ı	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) It	s 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 separa committee. (i.e., nonconnected committee)	ate segregated 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.)	
	it Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid	
(h)	i Lu	This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
	Con	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		• • •
	→.		

	FEC Form	1 (Revise	ed 02/2009)							Page 3
	or Type Com					_	_			
رد	mit	itee	to.	ELECT	John	M	Bear	d for	Cons	~25
3. Na	ame of Any (	Connecte	d Organiza	tion, Affiliated	I Committee	, Joint Fu	ndraising R	epresentative	, or Leadersi	nip PAC Sponsor
	1111	111	1111	1111			]		1111	11111
						1.1.1	1111	1 1 1		
Ma	ailing Address	 i	111			111		1111		
			111	1111		1 1 1		1111		
			111	<del></del>	<del>    </del>		<del></del> 	<del></del>	<del>.                                    </del>	<del></del>
			<b>L</b>	<del></del>	CITY	<u> </u>		STATE		ZIP CODE
Re	elationship:	Conne	cted Organiz	zation Affili	ated Commit	ee ' <sub>:</sub> J	oint Fundrais	sing Represent	ative Lea	dership PAC Spons
	•	•	•	1 ,		<i>.</i>		•	. :	
	ustogian of H ooks and reco		identity by n	iame, address	(pnone num	oer opt	onai) and po	osition of the I	person in pos	session of committ
Fu	ıll Name	Tol	nn H	Bear	<u>d</u>				<del></del>	
Ma	ailing Address	•	بقيفا	ib Sh	arp	Cuc	clei	#A		
			سا	<del></del>	<del></del>					
			N	<u>Las</u> V	egas			MA	890	30
Tit	tle or Position	ı			CITY			STATE		ZIP CODE
2	جمعر	<u>c</u> c+	<u> </u>		لبب		Telephone	number	5-50	25-979
	easurer: List ny designated				ber option	al) of the	treasurer of	the committee	e; and the name	me and address of
	ıll Name Treasurer	Jol	NO M	Bear	<u>d</u>					
Ma	ailing Address	•	hi	18 Sh	arp	Cur	<u> </u>	*A		
			لبنا		<u> </u>					
				49,3 V	ادعاده		لحص	MY	890	
Tit	tle or Position				CITY			STATE		ZIP CODE
	در در مره									

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	110/1500 02/2000/		1 490 -7
Full Name of Designated Agent			
Mailing Address			
	<u> </u>		<u></u>
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone num	ber	<u> </u>
<del></del>		<del></del>	
Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in which the committee or maintains funds.	e deposits t	unds, holds accounts, rents
Name of Bank, Depos	sitory, etc.		
<u>u</u>	S Bank	111	
	5 Bank		
Mailing Address	PO BOX 64799		
	PO BOX 64799	HN	55164-0799
	PO BOX 64799	MA STATE	21P CODE
	PO BOX 64799  St PAUL  CITY		·
Mailing Address	PO BOX 64799  St PAUL  CITY		·
Mailing Address	PO BOX 6A 799  St PAUL  CITY  sitory, etc.		·
Mailing Address	PO BOX 6A 799		·
Mailing Address  Name of Bank, Depo	PO BOX 6A 799  St PAUL  CITY  sitory, etc.		·
Mailing Address  Name of Bank, Depo	PO BOX 6A 799  St PAUL  CITY  sitory, etc.		·

(3/2005)

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED