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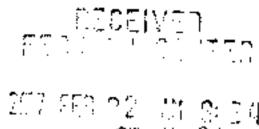
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Only

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FEC FORM 1

STATEMENT OF **ORGANIZATION**



						Office U	Ise Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)		ile:If typing, t ne lines.	type	12FE4N	15		
18,8 FAC.		<u> </u>	<u> </u>	<u> i . </u>	<u>i</u>	: ;	·	
			<u> </u>	i	<u> </u>	<u> </u>	<u>:</u>	
ADDRESS (number and street)	$[\Gamma_i 0]$ $[\beta_i 0] \times_i 1$	4,4,6						
(Check if address	Lining		<u> </u>	. LINI PUNTURURU ETT)
is changed)	LAUREN,5				5 4	12:11:3	(C] ~ [. <u>:</u> .
COMMITTEE'S E-MAIL ADDRE	SS	CITY ▲			STATE ▲		ZIP CODE	•
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COMMITTEE'S WEB PAGE ADI	DRESS (URL)							
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<u> </u>			<u> </u>	<u>:</u>		<u> </u>	<u>: </u>	
COMMITTEE'S FAX NUMBER								
2. DATE 0 1 6	5 1007							
3. FEC IDENTIFICATION NU	JMBER ► C	0041	057	١				
4. IS THIS STATEMENT	NEW (N) OR	X	AMENDE	O (A)				
I certify that I have examined th	is Statement and to the b	est of my kno	owledge and	belief it	is true, corr	oct and con	nplete.	
Type or Print Name of Treasure	Nichalas.	Chafp.	5.11					
Signature of Treasurer	fede aled	Liza.			Date 0	ž ,	ü ž	ČΰŽ
NOTE: Submission of false, errone	eaus, or incomplete information						lties of 2 U.	S.C. §43 79 .
Office		Fo	r further infor	mation co	ntac1:	FF	C FORM	1 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 02/2003)

ı	FEC For	m 1 (Revised 02/2	003)				Page 2	
5. TYPE OF COMMITTEE (Check One)								
(a) This committee is a principal campaign committee. (Complete the candidate in						formation below.)		
	(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate : : ! ! : : : : : : : : : : :							
	Candidate Party Affiliatio	vΠ	Office Sought:	House	Senate	President	State District	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate	L.L	 		<u> </u>		<u>i i</u>	
	(d)	This committee is	a	(National, State or subordinate)	committee of the		(Democratic. Republican, etc.) Party.	
(e) This committee is a separate segregated fund.								
	(f)	This committee si committee.	upports/opposes m	ore than one Federa	l candidate, and is N	IO⊤ a separate se	egregated fund or party	
6.	Name of Any	Connected Orga	nization or Affiliat	ted Committee			· · · · · ·	
	<u></u>	<u>,</u>	iiii	<u> </u>	<u>. . </u>	<u>i i l i</u>	_l <u>i</u>	
L		<u>, , , , , , , , , , , , , , , , , , , </u>		. i i l i i i	111.111	<u> </u>	<u> </u>	
	Mailing Addre	ss	<u> </u>	<u> </u>		i	<u> </u>	
		L					<u> </u>	
		L_	<u> </u>	<u> </u>		[
CITY ▲ STATE ▲						TATE ▲	ZIP CODE ▲	
Relationship							<u> </u>	
	Corpo	pration		Corporation w/o Cap	ital Stock	Labor Organ	ization	
Membership Organization		ın	Trade Association		Cooperative	Cooperative		
							· -	

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Page 3

Write or Type Committee Name

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		20 (17					
7.	Sustodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	Full Name	<u> </u>		<u> </u>			
	Mailing Address		<u> </u>	<u> </u>			
			<u></u>	<u> </u>			
	Title or Position▼	CITY ▲	STATE ▲	ZIP CODE:			
		<u> </u>	Telephone number	- [
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee; and t	the name and address of			
	Full Name of Treasurer	<u> </u>	<u></u>	<u> </u>			
	Mailing Address						
				<u> </u>			
	Title or Position▼	CITY 🛦	STATE ▲	ZIP CODE ▲			
		<u> </u>	Telephone number ::	- [
	Full Name of Designated Agent						
	Mailing Address			<u> </u>			
			<u> </u>				
				<u> </u>			
	Title or Position▼	CITY A	STATE A	ZIP CODE A			
	<u> </u>		Telephone number	- 1 - 1 - 1			

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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** Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ 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