150M - 142 - 1893

FEC FORM 1

Office

Use

Only

STATEMENT OF **ORGANIZATION**

FEC MAIL CENTER

2015 APR 27 AM 8: 46

FEC FORM 1

(Revised 06/2012)

i			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
BLYTH AMER	ICA JOHN	BLYTH FOR I	PRESIDENT OF THE
UNITED STA	TES 2016		
ADDRESS (number and street)	611056	PRIVERSTY !!	
(Check if address is changed)		/	<u></u>
•	CITY		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	Hohna Bl	Ahhnarica.	COM
	Optional Second E-Mail	Address Shiffly more	7
COMMITTEE'S WEB PAGE AL (Check if address is changed)	DDRESS (URL)	greanca aon	2
2. DATE 04 2	0 2016		
3. FEC IDENTIFICATION N	NUMBER > C	er en ger Gronne genomer bestellt er er er en de Gronne gronne gronne fan de genomer	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the b	est of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasur	rer Velan B	With the	
Signature of Treasurer	John Styl	<i>M</i>	Date 04 20 2016
NOTE: Submission of false, erro		ion may subject the person signing	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC Form I (Revised 02/2009)	raye Z
TYPE OF COMMITTEE	
Candidate Committee:	
This committee is a principal campaign committee. (Complete the candidate inf	formation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Candidate Donald Blight	
Candidate Party Affiliation Democrat Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	ed committee.
Name of Candidate	
Party Committee: (National, State	(Democratic,
(d) This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	•
Corporation Corporation w/o Capital Sto	ck Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is No committee. (i.e., nonconnected committee)	OT a separate 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.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses n committees/organizations, at least one of which is an authorized committee of a fe	
(h) This committee collects contributions, pays fundraising expenses and disburses n committees/organizations, none of which is an authorized committee of a federal of	
Committees Participating in Joint Fundraiser	
1. FEC ID nu	mber C
2. FEC ID nu	
3.	mber C
4.	mber C

FEC Form 1 (Revised Write or Type Committee Nam		Page 3
S Name of Amy Connected	Organization, Affiliated Committee, Joint Fundraising Represen	tative or Leadership BAC Spanser
6. Name of Any Connected	organization, Anniales Committee, Joint Fundraising Represen	nauve, or Leavership PAC Sponsor
Mailing Address		
•		
		.
·	CITY ST	ATE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repo	resentative Leadership PAC Sponsor
 Custodian of Records: k books and records. 	dentify by name, address (phone number optional) and position of	f the person in possession of committee
Full Name Wolf	Blyth 1111	<u> </u>
Mailing Address	CHOS. Charlesty	
	Chilago I	2 60637-
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	LLL
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the com., assistant treasurer).	nmittee; and the name and address of
Full Name of Treasurer	an Befiller	
Mailing Address	WOB, Daneraty	<u> </u>
	L.,	
	Chrone I	A 60687-LIL
Title or Position	CITY STA	TE ZIP CODE
	Telephone number	

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FEC FOR	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			1 1 1 1 1 1 1 1 1
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	,		
- 1 1 1 1 1	Telephone	number	
			
	Depositories: List all banks or other depositories in which the compoxes or maintains funds.	mittee deposits	funds, holds accounts, rents
Name of Bank,			
	0/ 1. 2. /		
	Chase Bank	 	
Mailing Address	552 5 67 95, 111	 	
	Carcago	JZZ	60637-
	CITY	STATE	ZIP GODE
Name of Bank,	Depository, etc.		
9			
		 	
Mailing Address			
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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

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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER	4/27/15 DATE PREPARED
(3/2015)	