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2. DATE 0	122017			
3. FEC IDENTIFIC				
4. IS THIS STATEM	ENT 🕅 NEW (N) OR 🗍	AMENDED (A)		:
I certify that I have ex	amined this Statement and to the best of my ki	nowledge and belief it is	true, correct and complete	, ,
Type or Print Name of Signature of Treasurer	am the Mark R.	N	ate 06 12	2017
NOTE: Submission of fa	Ise, erroneous, or incomplete information may subj ANY CHANGE IN INFORMATION SHO			of 52 U.S.C. §30109.
Office Use Only		For further information conta Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		ORM 1 1 06/2012

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Write or Type Committee Name 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spored Mailing Address Line of Any Connected Organization [Affiliated Committee [Julion Fundraising Representative] Leadership PAC Spored Relationship: Connected Organization [Affiliated Committee] Julion Fundraising Representative [Leadership PAC Spored 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Full Name Intervent of the committee] Telephone number optional) of the treasurer of the committee; and the name and address any designed agent (e.g., assistant treasurer). Full Name Intervent of the committee; Islame and address [Julion Affiliated Committee] Islame Address Intervent of Position CITY State ZIP CODE Intervent of the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Intervent of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Islam Actives Intervent of the resource of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Islam Actives Intervent of the active of the committee; and the name	Inization, Affiliated Committee, Joint Fundraising R	Pepresentative, or Leaders	ship PAC Sponsor
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