FFO	STATEMENT OF	RECEIVED			
FEC FORM 1	ORGANIZATION (See instructions)	2011 SEP 19 AM 10: 30			
1. NAME OF COMMITTEE (in t	(Check if name Example: If typying, type ull) is changed) over the lines	Office user of MAIL CENTER			
ADDRESS (number and s					
(Check if address is changed)					
	CITY	STATE ZIP CODE			
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	THOMAS@MAXIMUMCOMPLIANCE.COM				
· ·					
	PAGE ADDRESS (URL)				
(Check if address is changed)					
2. DATE 09					
<u>_09</u>					
3. FEC IDENTIFICA					
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete					
Type or Print Name of	TreasurerTHOMAS MAXWELL				
.,,,					
Signature of Treasure	Momao 7 Muquell Z	Date $D_1 $ $Z_1 $ $Z_1 $ $Z_1 $ $Z_1 $ $Z_1 $			
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W				
Office	For further information co				
Use Only	Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100				
		· · ·			

	F	EC F	orm 1 (Revised 02/2009)	Page 2	
5.	TYPE	OF CO	MMITTEE (Check One)		
	Candi	d <u>ate</u> C	ommittee:		
	(a)	\Box	This committee is a principal campaign committee. (Complete the candidate informa	ation below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	littee. (Complete the candidate	
	Name Candi				
	Candi Party	date Affiliatio	on Cffice Sought: House Senate	State President District	
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized cor	nmittee.	
	Name Candi			<u></u>	
	Party	Comm	ittee:		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.	
	Politic	cal Acti	ion Committee (PAC):		
	(e)	Π	This committee is a separate segregated fund. (Identify conhected organization on lin	ne 6.) Its connected organization is a:	
			Corporation Corporation w/o Capital Stock	Labor Organization	
			Membership Organization Trade Association	Cooperative	
(f) In addition, this committee is a Lobbyist/Registrant PAC.					
			This committee supports/opposes more than one Federal candidate, and is NOT a se committee. (i.e., nonconnected committee)	eparate 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)	Ľ	This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, at least one of which is an authorized committee of a feder		
	(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	nittees Participating in Joint Fundraiser LOU BARLETTA FOR CONGRESS 1FILLFEC ID number	C C00445122	
			2. FRIENDS OF FRANK GUINTA FEC ID number	C C00461350	
			3 STIVERS FOR CONGRESS	C C00441352	

4. 1 1 1 ÷. 1

3.

C C00441352 FEC ID number С FEC ID number

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Page3

Write or	Type Committee N	Name

--1-10-3066.2930

SECURITY FOR AMERICA FUND IV

6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint	Fundraising Representative, or Lead	dership PAC Sponsor
		┷╌┶╾┶╾┶╾┺╼┺╼┺╼┺╼┺╼┺		
	Mailing Address			
		CITY	STATE 🛦	
	Relationship:	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee		nber optional), and position of th	e person in
	Full Name			
Mailing Address 4703 WQODWAY LANE NW				· · · · · · · · · · · · · · · · · · ·
		WASHINGTON	DC	20016
	Title or Position ♥	CITY A	STATE	
	TREASUR	ER	Telephone number 202	- <u>557</u> - <u>1398</u>
8.	name and address of any	and address (phone number optic designated agent (e.g., assistant tr		ttee; and the
	Mailing Address 4703 WOODWAY LANE NW			
		WASHINGTON	DC	20016 _
	Title or Position ¥	CITY A	STATE 🛦	
	TREASUR	RER	Telephone number 202	5571398

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent	JOHN MANNION		
Mailing Address	1320 N VEITCH ST APT 131	4	
	ARLINGTON	VA	22201 _
Title or Position ♥	CITY	STATE 🛦	
ASST. T	REASURER	elephone number 203	824 2708
• .			
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depositor	aintains funds.	the committee deposits funds,	holds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	aintains funds.	the committee deposits funds,	holds accounts, rents
safety deposit boxes or m Name of Bank, Depositor CA	PITAL ONE BANK		
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safety deposit boxes or m Name of Bank, Depositor CA Mailing Address Name of Bank, Depositor	PITAL ONE BANK 		
safety deposit boxes or m Name of Bank, Depositor CA Mailing Address Name of Bank, Depositor	PITAL ONE BANK 		

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Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Date Other (Specify):	e of Receipt or Postmarked		
R	gligh		
PREPARER (3/2005)	DATE PREPARED		