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<b>—</b>		:	•		
	STATEMENT	OF	2009 OCT 29	AM 7:50	t d
FEC	ORGANIZAT			•	
FORM 1	UNGANIZAI				
			Offic	e Use Only	<u> </u>
1. NAME OF COMMITTEE (in full)		Example: If typing, type wer the lines.	12FE4M5		
Commint + reier i	TIQ <u>IELEEEICITIIAIEIE</u>	RILIJINI FIRICIYI	DI IFIOIRI IC	OINGRE	<u>s, s,</u>
ADDRESS (number and street)	PIGI BION 161451	5			
(Check if address					
is changed)	BIGRBINK			520-6	4,5,5
	CITY	,	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-mail	address)			
	MERLIZNAMER	LIT NERO YDL			
(Check if address is changed)					
		╶┉┧━─┟──┼┯╌╄┯╼┟──┟──╽ <sub>┶┙┉</sub> ┟╾ <sub>┉</sub> ┙			┻╼╼┷╼╼┷╍╍┙
COMMITTEE'S WEB PAGE AD					1
(Check if address	MERLIZNPROVI			┶┶┶┶┶┶┶	┶┶┷┷┹
is changed)				<u>1-1-1   1    </u>	
2. DATE IO 1	ຣ໌ à ò ບ ຊ				
3. FEC IDENTIFICATION NUMBER C					
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)			
I certify that I have examined to	his Statement and to the best of n	ny knowledge and belief it	is true, correct and o	complete.	
MARSHALL D ROOGD					
Type or Print Name of Treasurer MARSHALL D. PROYD					
Signature of Treasurer	(arshalles 3	hoze	Date 10	23 2	609
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §43 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					.C. §437g.
Office		For further information co		EC FORM	1
Use Only		Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	44	(Revised 02/200	•

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	FEC For	m 1 (Revised 02/2009)	Page 2	I 2
5.	TYPE OF CO	OMMITTEE Committee:		
	(a) 🗡	This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the cand	lidate
	Name of Candidate	ERIIF RERUIN FROYD		
	Candidate Party Affiliatio	n REP Office Sought: X House Senate President	State District	2 8
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name of Candidate			
	Party Com			
	(d)	• •	Democratic,   Republican, et 	tc.) Party.
	Political Ac	tion Committee (PAC):		
	( <del>0</del> )	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organiz	zation is a:
		Corporation Corporation w/o Capital Stock	Labor Organ	nization
		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 NOT a separate se committee. (i.e., nonconnected committee)	gregated fund	i 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 Fundi	alsing Representative:		
	(g) ···	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more poli	tical
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more poli	tical
	Com	nittees Participating in Joint Fundraiser		
	1.	FEC ID number C		** 1.:
	<b>2</b> .	FEC ID number C	-	#: **
	3.	FEC ID number C		.*: ··· #;
	4.	FEC ID number C		. :: :.

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FEC Form 1 (Revised	02/2009) P	age 3
Write or Type Committee Nam	e .	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	C Sponsor
······································		
	<u></u>	
Mailing Address		
	CITY STATE ZIP C	ODE
Relationship: Connect	od Organization Affiliated Committee Joint Fundraising Representative Leadershi	p PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in possessio	n of committee
	254A44 DIFROYD	
Mailing Address	U2758 cogate Ral Mal	
	Benidii un bre stubal	-18220
Title or Position	CITY STATE ZIP CO	DOE
TIREIAISIULRER	La	
<ol> <li>Treasurer: List the name at any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee; and the name and assistant treasurer).	1 address of
Full Name of Treasurer	45 hall D. EROYD	
Mailing Address	VI2759 GQYATE Ral WW	للبيل
	CITY STATE ZIP CO	
Title or Position		

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safety deposit boxes or maintains funds.         Name of Bank, Depository, etc.            [B_1A_1N_1K0]F1A_1M_1E_1K_1Z_1C_1A_1         Mailing Address            [PO1B_1G_1N_1C_1Z_1A_1_P_A]R_1K_1B_1Q_4A_1N_1C_1N_1			none number	10-1518151-191619
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Bit A INI F. IOIF. IAIALEIRIZICIAL         Meiling Address       MIRIGUNI & C.Z.IAI. IPIARE. BIRAINICINT.         IPOI. IBIR. C.Z.IAI. IPIARE. BIRAINICINT.         ICITY       STATE         Name of Bank, Depository, etc.         Imailing Address       Imailing Address         Imailing Address       Imailing Address       Imailing Address         Imailing Address       Imailing Address       Imailing Address         Imailing Address       Imailing Address       Imailing Address         Imailing Address       Imailing Address       Imailing Address       Imailing Address         Imailing Address       Imailing Address       Imail Ima				
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Si Ai Pi - Fi A IAi Ci I Si Ci O       Li Ai Pi - [0, 1, 7]         CITY       STATE       ZIP CODE         Name of Bank, Depository, etc.	Mailing Address	HIAGNOLIZIA PLARE BIRM	AINICINI I I	
CITY     STATE     ZIP CODE       Name of Bank, Depository, etc.		PO BOX 3171176		╶┸╾┸╼┸╼┺╦┹╼┹┿┸╴
Name of Bank, Depository, etc.         Mailing Address         L		SAN FRACISCOLLE		941157-0117
Mailing Address		CITY	STATE	ZIP CODE
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Federal Election Comr ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 10/23/05
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signa	ature Confirmation <sup>™</sup> Label
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Overnight Delivery Service (Specify):	Shipping Date
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Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Incl	18/29/07
PREPARER (3/2005)	DATE PREPARED

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