**FEC** FORM 1

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

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FEC MAIL CENTER

Office Use Only Example: If typing, type 1. NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. hird Telepath, ic Commit tee ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE 3. FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) 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 Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2°U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009)

Toll Free 800-424-9530

Local 202-694-1100

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TYPE	OF C	MMITTEE
Can	didate	Committae:
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	E Paris	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		Horace Ashley
Cand Party	lidate Affiliatio	Office State President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Parl	ty Con	ımittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)	-	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
	_	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	Daniel Service	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lebbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	raising Representative:
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(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	mittees Participating in Joint Fundraiser
	1.	SARABPAC FEC ID number C
		Bearth and the seather and the
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

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Write or Type Committee Name	9	
Third	Telepathic Effort Co	mmittee
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or I	
5 ARAHPAC	<u>                                      </u>	<u> </u>
Mailing Address	PO BOX 220700	
	AIR I Singition IIIIIII KAI	22207-1992
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the perso	n in possession of committee
Full Name SAR	AH PALÍN	
Mailing Address	P.O. Box. 220700	
	ARLINGTON VA	222071-99211
Title or Position	CITY STATE	ZIP CODE
WEEP CAND	LIDETE Telephone number 20	21-1747-1812
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name of Treasurer	IE DIMON	
Mailing Address	1270 PARK AVONUS	
•	CITY STATE	ZIP CODE
Title or Position	Treasurer Telephone number	J-L

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Full Name of Designated Agent		
Mailing Address		
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Title or Position	CITY STATE	ZIP CODE
	Telephone number	J-L
safety deposit boxes o Name of Bank, Depos	sitory, etc.	
safety deposit boxes of Name of Bank, Depos	or maintains funds.  Sitory, etc.  SIPMONGIAIN CHASE	
safety deposit boxes of Name of Bank, Depos	or maintains funds.	
safety deposit boxes o Name of Bank, Depos	TYMONGON CHASE  L.2.70 PARK AVENUE	
safety deposit boxes of Name of Bank, Depos	or maintains funds.  Sitory, etc.  SIPMONGIAIN CHASE	
safety deposit boxes of Name of Bank, Depos	TYMONGON CHASE  L.2.70 PARK AVENUE	
safety deposit boxes of Name of Bank, Depos	TPMONGANCHASE  L270 PARK AVENUE  WEWYDRK  CITY  STATE	1.001.7-
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safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition	TPMONGANGANGASE  1270 PARK AVENUE  NEW YORK  CITY STATE	ZIP CODE
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition	TPMONGANCHASE  270 PARK AVENUE  WE YORK  CITY  STATE	ZIP CODE
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition	TPMONGANCHASE  1270 PARK AVENUE  WY  CITY STATE  1420 MONTAOMERY ST	ZIP CODE

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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):