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SEC MAIL CENTED

Committee Name:	FEG MAIL GENTER
10^9+	
If registered, FEC ID:	
Today's Date:	
6 May, 2014	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Reh M MM Respectfully submitted,

Treasurer's Name:

Randi Willis

. Treasurer

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FEC FORM 1

STATEMENT OF ORGANIZATION

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				COFINTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
10,4,4,,,,,		<u> </u>	 	
<u> </u>				
ADDRESS (number and street)	1.45 W DUA	NE AVE		
(Check if address is changed)				
	CITY A		C_A 9.4.00	815 - LIL
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	RANDI. M. U	011 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18	,L,,C,O,M,,,,	1
ie changes,	Optional Second E-Mail Ac		<u> </u>	
		·		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 0.5 6	6 20 1 4			
3. FEC IDENTIFICATION N	UMBER ▶ C	gerngrageterengengerige g Liveau of the Senton dio dio 1944 s		
4. IS THIS STATEMENT				•
I certify that I have examined t	his Statement and to the bes	t of my knowledge and belief it	t is true, correct and comp	lete.
Type or Print Name of Treasure	BANDI M WIL	из		
Signature of Treasurer	Mlh		Date 0.5 0.0	2014
NOTE: Submission of false, erron	-	n may subject the person signing		es of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	ion FEC	FORM 1 sed 06/2012)

Page	2

FEC	Form 1 ((Revised	02/	2009	ı
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- 1	FEC FO	orm 1 (Revised 02/2009) Page 2
TYP	E OF C	COMMITTEE
Can	ndidate	e 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. (Complete the candidate information below.)
Nam	e of didate	1
Can	Juale	╾┸╌╅╌┸┯┺╾┸╌╇═┵╌┸═╅╌┸╤╅╌┸╤╅╌┸╤╉╌┸╤╉╌┸╌╅╌┸╌┸╌┸╶╂┈┸╌╏╒╌┖╶╏╌┖╶╏╶┩╌╏╶╇╌╏╌┛ ╒═╗
	didate y Affiliati	ion Office State Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cano	e of didate	
Par	ty Con	mmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Pa
	Al1 8	
POII	TICAI A	Action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Asseciation Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
	47 11	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)	<u> </u>	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	وليا	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	nmittees Participating in Joint Fundraiser
	1.	
	••	
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number C

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ie	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	ship PAC Sponsor
MOMEIIII		
Mailing Address		
•		
		!-!
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Jaloint Fundraising Representative	eadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name		
Mailing Address	<u> </u>	
Title or Position	CITY STATE	ZIP CODE
TRELISIURER	Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name of Treasurer	D.I., M., WI, L. L. I, S., , , , , , , , , , , , , , , , , ,	
Mailing Address	1,6,5, W D,0,4,NE, A,VE	
	SUNNYWALE 940	85-
Title or Position	CITY STATE	ZIP CODE
TREASORER	Telephone number 31/8-6	658-5836

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