FEC FORM ⁻

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

10 OCT 20 AM 10: 04

FORM 1	OTIGANIZATION	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example:If typing, typ is changed) over the lines.	e 12FE4M5
FOXAN NE	C.O.W.L.1.N. F.O.R. SENATE	
ADDRESS (number and s	street) [P_0 6 6 K 8 7 6	
(Check if addre	ess Lilling	
is changed)	[P.E.S. M.O.1 N.E.S.	1/A 5030A
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-mail address)	_
(Check if add	dress LIOWANS FOR ROXANN	16: 0: 6 M A 1 L O (O M)
is changed)		
COMMITTEE'S WEB PA	AGE ADDRESS (URL)	
(Check if add	PONANNE FOR 10 WAL	(C,0,M,,
is changed)	1.1000	
2. DATE		મ્યુ
3. FEC IDENTIFICAT	TION NUMBER C 0,0,4,1,0,1,5,3	
4. IS THIS STATEME	NEW (N) OR X AMENDED	(A)
I certify that I have exa	amined this Statement and to the best of my knowledge and b	elief it is true, correct and complete.
Type or Print Name of	Treasurer Cyril Ann Mandelba Mandelba Mandelban	Um
Signature of Treasurer	(jui (ha) Mandellara	Date 75 74 2010
NOTE: Submission of fats	se, erroneous, or incomplete information may subject the person si ANY CHANGE IN INFORMATION SHOULD BE REPORT	
Office Use	For further inform Federal Election Co Toll Free 800-424-9	ommission FEC FUNIVI

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F	EC For	m 1 (Revised 02/2009)	Page 2
TYPE	OF C	DMMITTEE	
Can	didate	Committee:	
(a)	V	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. (Coninformation below.)	nplete the candidate
		[RO, A, A, N, N, E, B, K, E, T, O, W, C, O, N, L, 1, N, , , , , , , ,	
		on Office Sought: House X Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Part	y Con		/D
(d)		This committee is a	(Democratic, Republican, etc.) Party
Polit	icai A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
			Cooperative
		Francis Control of the Control of th	Соорегануе
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or par
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	2.		
		Providential Control of Control o	
	3.		
	TYPE Cand (a) (b) Name Cand Party (c) Name Cand Party (d) Polit (e)	TYPE OF CO Candidate (a) Name of Candidate Candidate Party Affiliation (c) Name of Candidate Party Com (d) Political Ac (e) (f) Joint Fund (g) (h) Com 1. 2.	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.) Name of Candidate Committees/organizations, at least one of which is an authorized committee of a federal candidate Committees Participating in Joint Fundraiser Committees Participating in Joint Fundraiser Candidate Committees Participating in Joint Fundraiser Candidate Can

FEC Form 1 (Rev		Page 3
Write or Type Committee		
PORMNYE	CONCIN FOR SENATE	
. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
CIDIMIM LITTLEIE	I FOIL A BETTER FUTURE I	
4		
Mailing Address	1926 C STOFET NE	
J		
	MAISHINGTON D.C	20,0,0,3 -
	CITY STATE	ZIP CODE
books and records.	! L, I, L, , A, N, H, K, N, D, E, L, B, A, UM, , , , , , , , ,	1 1 1 1 1 1 1 1 1 1
Mailing Address	14500 WEISTOWN PARKWAY S	V1 TE: 125
·	WEST DES MOINES	[5,0,2,6,6]-
Title or Position	CITY STATE	ZIP CODE
[T.R.E.A.S.V.R.	EL Telephone number	5,1,5,-(2,2,2)-(4,203
	me and address (phone number optional) of the treasurer of the committe (e.g., assistant treasurer).	ee; and the name and address of
Full Name of Treasurer	(RILL ANN MANDELBAVM	
Mailing Address	4500 WEISTOINN PARKINAY S	V176:125
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

CITY

ZIP CODE

515-222-6,203

STATE

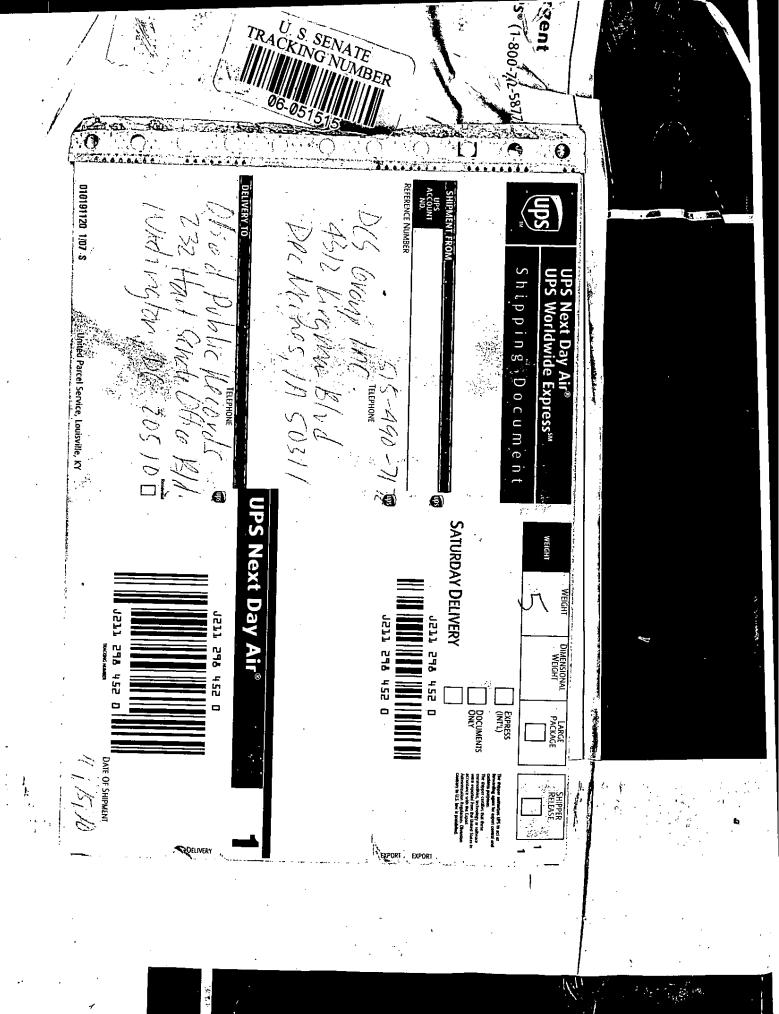
Telephone number

Title or Position

TEEASURER

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DANA K, MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: [202] 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:
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