## (D) Ø Ĉ 30

Office

Use

Only

## STATEMENT OF ORGANIZATION

FORM Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) FEU MAIL CENTER IR ICHARDSON, FOR COMGRESS, 2012 ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address 1BLAINERICHARDSONZO12@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address -DSONFDROONGRESS2011 is changed) DATE FEC IDENTIFICATION NUMBER > AMENDED (A) IS THIS STATEMENT NEW (N) 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 Date Signature of Treasurer 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.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 06/2012)

	TYPE OF COMMITTEE						
(	Candidate Committee:						
(6	a) 🔀	This committee is a principal campaign committee. (Complete the candidate information below.)					
(I	b) []	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	lame of Candidate	RALPH BLAIN F RICHARDSON					
	Candidate Party Affiliation	on REP Office Sought: X House Senate President District					
(	c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
ı	Party Com	nmittee:					
	d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
F	Political A	ction Committee (PAC):					
(	е)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
	1	Corporation Corporation w/o Capital Stock Labor Organization					
		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 ie NOT a separate segregated fund or party committee. (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.)					
J	oint Fund	Iraising Representative:					
(	g) [[]	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.					
(ł	1)	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. 2.						
	2.						
	3.	FEC ID number					
	4.	FEC ID number					

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Write or Type Committee Nam	е	
RICHARD	SON FOR CONGRESS 2012	·
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	ship PAC Sponsor
		1
Mailing Address		
Maining Address		
		<del></del>
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
<ol><li>Custodian of Records: Ide books and records.</li></ol>	entify by name, address (phone number optional) and position of the person in po	essession of committee
. 0		
Full Name K17	A.F. HORSEY	
Mailing Address	145 HUNT ROAD	
		لىبىلىل
	IBELFASTI LILLI MET LOY	لنسا-كس9
Title or Position	CITY STATE	ZIP CODE
T150000	120711	212 9 10 111
TREASURER	Telephone number 7011-	322-19,1,46
	nd address (phone number optional) of the treasurer of the committee; and the n	name and address of
any designated agent (e.g.,	assistant treasurer).	
Full Name of Treasurer	A F HORSEY	
Mailing Address	M5 HUNT ROAD	
	<u> </u>	
	BELFAST ME 104	9.1157-1
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	322-19144
		-

Mailing Address

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Full Name of Designated Agent	ZEK VARNEY					
Mailing Address	145 HUNT ROAD					
	BE4FAST CITY	ME STATE	21P CODE			
Title or Position			071-1723-14130			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
LC. Au	MOIEN IN ATTIONAL BAN	<u>K</u>				
Mailing Address	156 MAIN ST					
	BELFAST	ME ME	0,49,15			
:	CITY	STATE	ZIP CODE			
Name of Bank, Depositor	ry, etc.					

CITY

STATE

ZIP CODE

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.					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked 7/27/1				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Busines	ss Day Delivery				
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				
Other (Specify):	Receipt or Postmarked				
Amp	8/1/1				
PREPARER (2/2005)	DATE PREPARED				
(3/2005)					