FEC FORM 1

10030410521

STATEMENT OF ORGANIZATION

FORM 1	UNGANIZATION	l l				
		<u> </u>	Office Use Only			
1. NAME OF COMMITTEE (in full)	(Check if name Example:If typing, type is changed) over the lines.	12FE4M5	tal person frailmy described			
RURAL KID.	S. PAC					
<u>C/: </u>						
ADDRESS (number and street)	1364 EMERALD STREE	TINE				
(Check if address	C/O ANDREW					
is changed)	WASHINGTON	PC	20:0,02			
	CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e-mail address)					
(Check if address is changed)	tenleytownzz 60hote		0			
COMMITTEE'S WEB PAGE	ADDRESS (URL)		•			
(Check if address is changed)	, <u>L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
2. DATE 26	14 2010					
3. FEC IDENTIFICATION	NUMBER CO0485052					
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)					
I certify that I have examine	d this Statement and to the best of my knowledge and belie	ef it is true, correc	ct and complete.			
Type or Print Name of Treas	Morer Andrew J. Hys	211				
Signature of Treasurer	- Marke	Date 🙋	8 70 2010			
NOTE: Submission of false, en	roneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED					
Office Use	For further information Federal Election Community From 800-424-851	nission	FEC FORM 1			

5.

		Tage E						
		ОММІТТЕЕ						
Can	didate	e Committee:						
(a)	-	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	(4	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Cand								
Cand Party	idate Affiliati	Office State On Sought: House Senate President District						
(c)	1.5	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Candi								
Part	y Con	nmittee:						
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.						
Polit	ical A	ction Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
\- <i>\</i>		Training growth growth						
		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 segregated fund or 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.)						
loint	 Eune	Iraising Representative:						
JOINI	. runc							
(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.						
(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.	FEC ID number C						
	2.	FEC ID number C						
	3.	FEC ID number C						
	4							

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FEC Form 1 (Revised			 		Page 3
Write or Type Committee Nar		DA /			
Kunan	Kids,	PHC	· · · · · · · · · · · · · · · · · · ·		····
6. Name of Any Connected	Organization, Affiliate	ed Committee, Joint Fu	indraising Repre	sentative, or Leader	ship PAC Sponsor
MOING					
				111111	
Mailing Address					
	11111!	1 1 1 1 1 1 1	i	1,11,	. : - . : .
		CITY		STATE	ZIP CODE
Relationship:	led Organization	filiated Committee	oint Fundraising R	lepresentative	eadership PAC Sponsor
7. Custodian of Records: Id books and records.	lentify by name, addres	s (phone number opt	ional) and position	n of the person in p	ossession of committee
Full Name	<u> </u>			<u> </u>	
Mailing Address					
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· ,		<u> </u>	لنسل		
Title or Position		CITY	;	STATE	ZIP CODE
<u>Li : 1 - : i 1 i</u>	<u>'_i_l_l_i_l_l</u>		Telephone numb	per Lil-L	
8. Treasurer: List the name any designated agent (e.g.		mber optional) of the	treasurer of the	committee; and the	name and address of
Full Name of Treasurer	PEN AYS	الرب	<u> </u>	<u> </u>	
Mailing Address	1364 E	nerald s	treet	NE	
				<u> </u>	
	HASHIN	6.TON		PC ZO	ZIP CODE
Title or Position TREASURE	2	<u> </u>	Telephone numl	103	510-1560

CITY

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ZIP CODE

STATE

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Name of Bank, Depository, etc.

Mailing Address

(3/2005)

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