## 12030792588

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

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C. C. M. Office Use Only C. D.

COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	·			
Committee	to Electik	comailed Will	lijam Han	ais ite M			
Of The Uni- ADDRESS (number and street)		<del></del>	entative	s. District			
(Check if address is changed)	1,1901, Not		is Aue 2 Me 164	<u> 29</u>			
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	e-mail address)					
(Check if address is changed)	1	66 Q1 y1a1 h10101-1C					
COMMITTEE'S WEB PAGE AD	DRESS (URL)						
(Check if address is changed)	rangla who	yrini si. Com					
2. DATE 0 2 3	3 2012						
3. FEC IDENTIFICATION N	UMBER C	e <del>se</del> er e e e e e e e e e e e e e e e e e					
4. IS THIS STATEMENT V	NEW (N) OR	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 Treasure	Debaa	D. Blair					
Signature of Treasurer	Abra .	Dan	Date 54	13/2012			
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 Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission	FEC FORM 1 (Revised 02/2009)			

		OMMITTEE Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	1.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand	e of lidate	Ronald William Harris
	didate / Affiliation	on DEM Office Sought: House Senate President District 0 6
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand	e of lidate	
Pari	ty Con	mmittee:
(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.
<b>(f)</b>	1	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 Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t 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.
(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 Fundraisor
	1.	FEC ID number. C.
	2.	FEC ID number C
	3.	
	4.	PEO ID Humber C

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Write or Type Committee Name Committee to Elect Konald William Harris to Missouri's 6Th House of Representatives District of the United States of America.						
	ed Organization, Affiliated Committee, Joi	int Fundralsing Representative	e, or Leadership PAC Sponsor			
Mailing Address	1					
-						
	CITY	STATE	ZIP CODE			
Relationship: Conn	ected Organization Affiliated Committee	Joint Fundraising Represent	ative : Leadership PAC Sponso			
. Custodian of Records: books and records.	Identify by name, address (phone number -	optional) and position of the	person in possession of committee			
Full Name 210	nald William Ho					
Mailing Address	V1.891 N ILL.60	10,1,5, AVC., 1	40,7,-1229,11			
	Kanisas City	Ma	64156			
Title or Position	СПУ	STATE	ZIP CODE			
Candidai	4	Telephone number	16-289-7315			
3. Treasurer: List the nam any designated agent (e	e and address (phone number optional) o g., assistant treasurer).	f the treasurer of the committee	e; and the name and address of			
Full Name of Treasurer						
Mailing Address	17.9.45 F/1. AT/100	CK Rd APT 7	£			
	Klainisiais City	M.O. STATE	16.4.1 <b>58</b> -			
Title or Position	···	Tolophone	21.61-153.61-145.5.8			

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Full Name of Designated			
Agent i i			
Mailing Address	<u> </u>	<del></del>	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nu	mber	
	·		
Banks or Other Depos safety deposit boxes or	itories: List all banks or other depositories in which the comm maintains funds.	ttee deposits	funds, holds accounts, rents
Name of Bank, Deposite	ory, etc.		
<u> </u>	intral BANK of Kausas	City	
Mailing Address	2301 Independence	tre	
	<u> </u>		
	Kiginisias Crity	Mo	64124-
	СПУ	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.		
i			
			<u> </u>
Mailing Address	<del>[</del>	<u>i                                     </u>	
	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. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> 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):