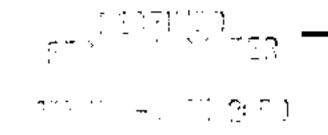
自用信仰等等的

FEC FORM 1

STATEMENT OF ORGANIZATION



				Office Use Only	
1. NAME OF COMMITTEE (in full)	(Chack if name is changed)	Example:If typing, type over the lines.	12FE4M	[5	
Stanliey Con	Switants	Inc. P.AC.	. i . i . i	·····	
			i		ل
ADDRESS (number and street)	225 Inwa	Avenwe			
(Check if address			<u>. i. l i</u>		_
is changed)	muscatine		IA	52761-	_
COMMITTEE'S E-MAIL ADDRE		CITY &	STATE ▲	ZIP CODE A	
Estanley pac	estion exign	<u>ο:νρ. (C.Φ.)ΤΩ : : : :</u>		<u>i.l.l.iii.</u>	لِ
<u> </u>	<u> </u>				_]
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
www.stanle	tariomp.com	<u> </u>	·		
		· <u> </u>	 		
COMMITTEE'S FAX NUMBER					
563-1864-666	5 2 1				
2. DATE & Š Š	Taos T				
3. FEC IDENTIFICATION N	UMBER ► C O	6415224			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined to	nis Statement and to the best	of my knowledge and belief it	is true, corre	ect and complete.	
Type or Print Name of Treasure	Richard C	Smith			
Signature of Treasurer	Que PCS	mill	Date $reve{\mathcal{O}}$	3 27 200	7

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

L	Office Use Only	į	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2003)
FE:IAN042 PC)F			

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379.

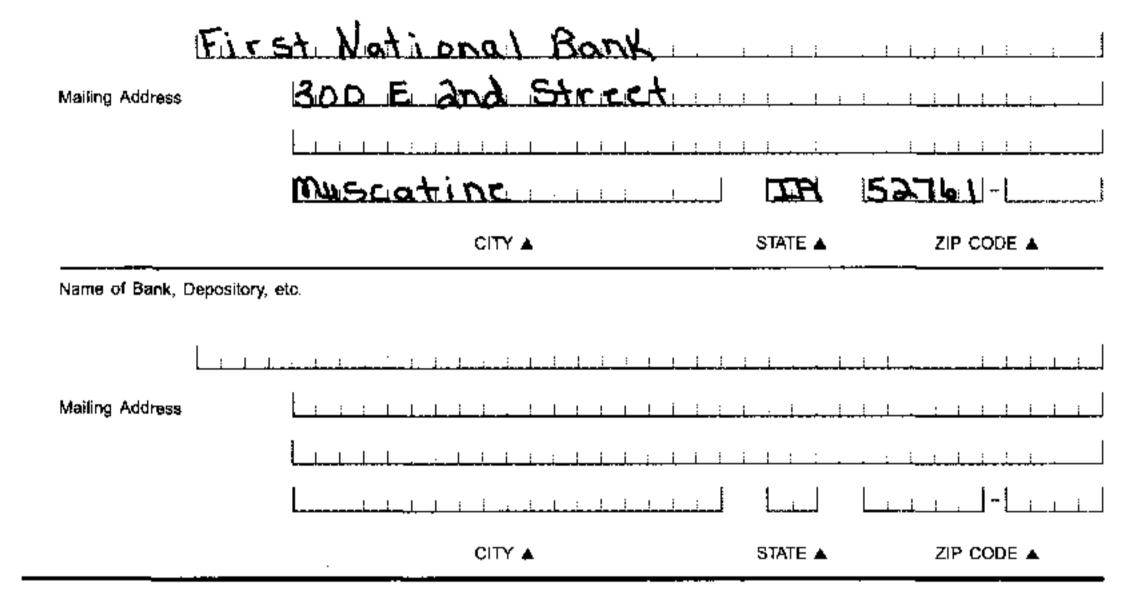
I	FEC For	m 1 (Revised ()2/2003}						Page 2	
5.	TYPE OF CO	OMMITTEE (CI	heck One)				. <u>. </u>			
	(a)	This committe	e is a principal o	campaign co	ommittee. (Com	piete the candi	date Informat	ion below.)		
	(b)	This committee information be		ed committee	e, and is NOT	a principal cam	npaign comm	ittee. (Com	plete the candidate	
	Name of Candidate	L i	<u> </u>	 		l. ii	<u> </u>		<u> </u>	
	Candidate Party Affiliatio	nn	Offi Sou	ce ught:	House	Senate	Р	r e sident	State District	
	(G)	This committe	e supports/oppos	ses only one	e candidale, an	d is NOT an a	uthorized cor	nmittee.		
	Name of Candidate		<u> </u>	<u> </u>	<u></u>	 	. <u></u> ;	<u> </u>		
	{d}	This committe	e is a	,	National, State r subordinate) d	committee of th	ne		(Democratic, Republican, etc.) Par	ty.
	(e)	This committe	e is a separate :	segregated t	fund.					
	n X	This committe committee.	e supports/oppos	ses more th	an one Federal	candidate, and	d is NOT a s	eparate se	gregated fund or par	ty
5.	Name of Any	Connected O	rganization or A	Affiliated Co	ommittee					
_	<u>. L. </u>	<u> </u>	!	<u>!. ! </u>	!l . 	<u>l. (</u>	<u> </u>	<u> </u>	<u> </u>	
		<u>i . </u>	<u> </u>		<u></u>	<u></u>	<u>i l</u>	<u>iil</u> l		<u></u> .
	Mailing Addre	85	<u> </u>	il	<u> </u>	<u> </u>	1_1 .	!		!
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					· :				i i -1 : i	
					Y A		STATE ▲		ZIP CODE A	
	Relationship		<u> </u>	 	<u>:</u>	<u> </u>	<u> </u>	<u> </u>		
	Type of Conn	ected Organiza	tion:							
	Corp	oration		Согро	Corporation w/o Capital Stock			Labor Organization		
Membership Organization		Trade	Trade Association			Cooperative				

books and records.	entify by name, address (phone number –	optional) and position of the pers	on in possession of committee
Full Name	wn Kilburn	<u>:</u>	<u>ii_</u>
Mailing Address	225 Iowa Aven	<u>we i i i i i i i i i i i i i i i i i i i</u>	<u> </u>
	muscotine	1922	52761-
Title or Position▼	CITY A	STATE ▲	ZIP CODE A
Sr. Admini	etrative :	Telephone number 56	3-1 <u>244</u> -14-50
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of , assistant treasurer).	the treasurer of the committee; a	nd the name and address of
Full Name of Treasurer	bard C Smith	<u>li</u>	<u>! </u>
	_		
Mailing Address	225 Jown Aven	we in the second	
Mailing Address	235 Town Aven		
Mailing Address	Muscatiint	<u></u>	527.6V-L
Mailing Address Title or Position▼	<u> </u>	<u></u>	527.6 \
	My SC QT I	STATE A	•
Title or Position▼	My SC QT I	STATE A	ZIP CODE A
Title or Position▼ Title or Position▼ Full Name of Designated	My SC QT I	STATE A	ZIP CODE A
Title or Position▼ True State Full Name of Designated Agent	My SC QT I	STATE A	ZIP CODE A
Title or Position▼ True State Full Name of Designated Agent	My SC QT I	STATE A	ZIP CODE A
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Name of Bank, Depository, etc.



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(3/2005)

Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 3/27/07 Postmarked (R/C)
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sign	nature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
· •	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt o Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
St/ PREPARER	4/2-/07 DATE PREPARED