2011 MAR 14 AM 11: 20

STATEMENT OF **ORGANIZATION**

FEC MAIL CENTER

FORM 1			<u> </u>	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	in Trigory Adaptation or 11 of 12 of
Willenta SON	COUNTY RE	PUBLICAN 1	PARTY	
1111111001000	*****			
ADDRESS (number and street)	1104B MAIN	ISTIRIETT		
(Check if address is changed)	FRIANKI GIN		17.N C	37.0.6.81-
CANA CALL	ı	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)		
(Check if address is changed)	Wago pessel	1.1.5,0,0,4/L,nei	<u>-</u>	
•				
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)				
2. DATE 03	7 2011	- I;		
; 3. FEC IDENTIFICATION N	UMBER C	00405837		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
! I certify that I have examined ti	his Statement and to the best	of my knowledge and belief	it is true, correct a	nd complete.
। Type or Print Name of Treasure	Richar	d Strickle	٤/	
Signature of Treasurer	July !	Shulston	Date 03	07 2011
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

		OMMITTEE Committee:								
(a)		This committee is a pr	incipal campaign	committee	e. (Complete	the candida	te information	on below.)	
(b)		This committee is an a information below.)	authorized commi	ttee, and i	s NOT a prir	ncipal campa	aign commit	tee. (Con	nplete the cand	lidate
Nam Can	e of didate		1 1 1 1	11_1	<u> </u>			<u> </u>		
	did ate y Affiliatio	n and the state of	Office Sought:	Hou	ıse	Senate	Pr	esident	State District	
(c)		This committee suppor	ts/opposes only	one candi	date, and is t	NOT an auth	norized com	mittee.		
Nam Cand	e of didate				1111		111			
Par	ty Com	mittee: This committee is a	County	(National	, State dinate) comm	ittee of the	Go	P	(Democratic, Republican, et	tc.) Party
Poli	itical A	ction Committee (P	AC):			<u> </u>				
(e)		This committee is a se	parate segregate	ed fund. (Id	lentify connec	ted organiza	ation on line	6.) Its co	nnected organiz	zation is a
		Corporation			Corporation	w/o Capita	l Stock		Labor Organ	nization
		Mombership O	rganization		Trade Asso	ciation		de la companya de la	Cooperative	
		In addit	ien, this committe	e is a Lobi	oyist/Registra	nt PAC.				
(f)		This committee suppor			Federal can	didate, and	is NOT a se	eparate s	egregated fund	l or party

Page 2

Joint Fundraising Representative:

FEC Form 1 (Revised 02/2009)

(g)	1.3	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)	lex.	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.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

In addition, this committee is a Lobbyist/Registrant PAC.

Committees	Partici	pating i	oL ס	int F	undra	isei
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1.	L	1						1			L					L			L			ل	FEC	ID	number	
2.	L	1			1	1			L	1			1	L	L							ل	FEC	ID	nomber	
3.	Ĺ			_			L					ļ				1	L		L		1	ل	FEC	ID	number	C
4.	L				_				L					L	L			1		L		J	FEC	ID	number	C

FEC Form 1 (Revised 02/2009)	Page 3									
Write or Type Committee Name										
Williamson County Republican 7	Party									
Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor										
Mailing Address										
CITY STAT	TE ZIP CODE									
Relationship: Connected Organization Affiliated Committee Joint Fundraising Repre	sentative Leadership PAC Sponsor									
General General Front	DAGRANGE									
Custodian of Records: Identify by name, address (phone number optional) and position of the	the person in possession of committee									
books and records.										
Full Name KENIN KOOKOGEY										
Mailing Address U.O.4B MAIN ISTREET										
FRAMKLIN T	VI 13,7,0,6,81-1									
Title or Position CITY STATE	ZIP CODE									
CIHIA: I RMIAW Telephone number	1915-1790-17642									
B. Treasurer: List the name and address (phone number optional) of the treasurer of the comm	nittee; and the name and address of									
any designated agent (e.g., assistant treasurer).										
Full Name of Treasurer RICHARD STRILLER LER										
Mailing Address INU 4 B MAIN STREET										
FR: A.N.KICIIN:	1 37068-									
CITY STATE Title or Position	ZIP CODE									
TRESIGNATION Telephone number	615-790-7642									

FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		mber	<u></u>
	sitories: List all banks or other depositories in which the commi		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc. 1. F. F. M. T. H. I. A. D. B.A. W. K. 1. 2. 3. 0. P. U. B. C. I. C. S. Q. U. A.R. E.		
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safety deposit boxes or Name of Bank, Deposit Mailing Address	r maintains funds. tory, etc. 1. f. f. h. T. H. I.R. D. BAINK. 1. 2.3.0. P. U. B.L. I.C. S.Q. U. A.R.E. 1. F.R. A.M.K. L. (I.M.) CITY	TN	[3,7,0,6,4]-[
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirma	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business I	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):	eipt or Postmarked
S	3/14/1)
PREPARER (3/2005)	DATE PREPARED