12030751909

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

FORM 1		ORGANIZATION			2012 MAR -5 AM 11:31			
NAME OF COMMITTEE (in	n full)		theck if name changed)		ple:If typing, type the lines.			
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	1111	111		111				
ADDRESS (number a	nd street)	632	1 High	WEIY	32911	1		لتتبينا
(Check if address				111				
is changed)	•	Cre:	s time lod	/		KIY	400	<i>i</i> ,4]-
·				CITY		STATE	2	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	S (Please p	provide only one	e-mail add	ress)			
(Check if	address	HICIO	ykekii	Marcip	a. net.	1111		
is change						1111	<u> </u>	
COMMITTEE'S WEB	PAGE ADD	RESS (UR	L).					
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(Check if address is changed)		1	1 1 1	111	1 1 1 1 1		1 1 1 1 1	
							-	
2. DATE	2 2,8	2,0	012					
3. FEC IDENTIFIC	CATION NUI	MBER	C	A. C.				
4. IS THIS STATE	MENT X	NEW ((N) OR		AMENDED (A)			
I certify that I have o	examined this	s Statemer	nt and to the bes	st of my ki	nowledge and belief i	it is true, corr	ect and comp	olete.
Type or Print Name	of Treasurer	Troj	LKI	ار ک				
Signature of Treasure	er /	5	IK			Date C	2 2	8 20,12
NOTE: Submission of					ect the person signing			ies of 2 U.S.C. §437g.
Office Use Only					For further information of Federal Election Commiss Foll Free 800-424-9530 Local 202-694-1100			FORM 1 ised 02/2009)

FEC I	Form 1 (Revised 02/2009) Page 2					
TYPE OF	COMMITTEE					
Candidate Committee:						
(a) 🔀	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	Wie, 1, tie, T, C, h, r, 1, s, t, 1, a, n, S, c, h, u m, m,					
Candidate Party Affilia	ation \mathcal{RFP} Office Sought: X House Senate President District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Co	ommittee:					
(d)	(National, State (Democratic, Republican, etc.) Party.					
Political Action Committee (PAC):						
(е)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
	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 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.)					
Joint Fundraising 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.					
Co	mmittees Participating in Joint Fundraiser					
1.						
2.						
3.	FEC ID number					
4.						

Write or Type Committee Name	9		
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fund	iralsing Representativ	ve, or Leadership PAC Sponsor
	<u> </u>	<u> </u>	
Mailing Address			
	СІТУ	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Join	nt Fundraising Represe	ntative Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number option	nal) and position of the	person in possession of committee
Full Name	VIL KINGGIIIII		
Mailing Address	[63,2,1, H,1,9,6,6,6,4, 3,2	9	<u> </u>
	Crest wood	K .y]	
Title or Position	CITY	STATE	ZIP CODE
[Ineleta Miller	т	elephone number	501-241-5656
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the tre assistant treasurer).	easurer of the committee	ee; and the name and address of
Full Name of Treasurer	y C Kingg IIII		
Mailing Address	63121/1 HIVIGHENGY 1312	9	
	CITY CITY	STATE	Ψ ₁ Ο ₁ Ο ₁ 1 ₁ Ψ -
Title or Position			502-241-5656

9.

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Full Name of Designated Agent			
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position			
		Telephone number	<u> </u>
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which	ch the committee deposits t	runds, holds accounts, rents
Name of Bank, Depository,	etc.		
Ville	Biank, 10,1,dhem, Co.		
Mailing Address	631171 West High	VELY 1/14161 1	
	Cirestwood !!!!	KY	[4,0,0,1,4]-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
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Mailing Address			
		ليا ليي	
	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.				
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No Postmark	_			
Overnight Delivery Service (Specify):	Shipping Date			
	Next Business Day Delivery			
Received from House Records & Registral	Date of Receipt tion Office			
Received from Senate Public Records Offi	Date of Receipt ce			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
Chr P	3/5/12			
PREPARER (3/2005)	DATE PREPARED			