RICHARDSON FOR CONGRESS 2012 PO BOX 194 Belfast, ME 04915

RECEIVED 2012 MAY -7 AM 9: 17 FEC MAIL CENTER

MEMORANDUM

Date: 04/29/2012

To: Ashley Carter FEC

FEC Rita Horsey free Horsey Treasurer

Subject: Amended FEC 1

Ashley,

From:

M

-1203080394

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In response to your letter dated April 20, 2012, I am enclosing an Amended FEC 1 for:

Richardson for Congress 2012 ID # C00518514.

Please let me know if you need additional information.

Thank you,

Rita Horsey

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FEC FORM 1	STATEMEI ORGANIZ		RECEIVED 2012 MAY -7 AM 9: 17 FEGEMALLyCENTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
RIGHARDSON	POBBONA 119		
ADDRESS (number and street) (Check if address is changed)	BELFAST,		MIET 10.49.1.5T-L.
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRI			1
(Check if address is changed)	BILIAIINERIC	HARDSONJOO	12 CGMATILI COM
Committee's web page ai	DDRESS (URL)		
(Check if address is changed)	RIGHARDSC	N _I F _I O _I R _I CO _I N _I G _I R _I	ESS 2012. COM
2. DATE 0.4	191 aci 2		
3. FEC IDENTIFICATION N		0.5,1,8,5,1,4	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasur	er RITAEH	orsey	
Signature of Treasurer	Rece & Hors		Date 04 29 2012
NOTE: Submission of false, erro		may subject the person signing	y this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	

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5.			OMMITTEE Committee:
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
	(u) (b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate
	Name Candi		IRIAILPH, BLAINE, RICHARDSON,
	Candi Party	date Affiliatio	on REP Office Senate President State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	mittee:
	(d)		This committee is a Image: Committee of the state
	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:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization
			The addition, this committee is a Lobbylst/Registraot 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	Fund	raising 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 fadoral 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.	
		2.	
		3.	

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

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Richardson	for Congress 2012								
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor								
Mailing Address									
	CITY STATE ZIP CODE								
Relationship: Connected	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor								
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optional) and position of the person in possession of committee								
Full Name	F.E. HORSEY								
Mailing Address	$ P_{1}O_{1}B_{1}O_{1}X_{1} P_{1}H_{1} $								
	BELFASTINI LAE LOGALS-LIN								
Title or Position	CITY STATE ZIP CODE								
TREATSIN RER	Telephone number 2017-3224-91146								
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).								
Full Name of Treasurer	ti E HORSEY								
Mailing Address	1 P.O. BOTT 19.4								
	BELEFASITI ME OLY CITY STATE ZIP CODE								
Title or Position	Telephone number 2017 - 18 22 - 19 1,46								

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Ĺ) ₁ E	FR.	E	K		L L	<u></u>	A	-R	4	J.	Ľ	Ē	Y			1 .	1				1	1	1.	1.		1			1	1		1	1		l		I					L_	.1	_ _
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Title or Position		RE	-iA	6	ч	4	2	é	R	ł	1		L				1						т	ele	ph	on	эr	un	be	ər		12		0 ₁ -	7	-	Ĺ	7. a	2	2		4	- 1 -	E	1 ₁ 0	Ľ

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Le la	AMDEN NATIONA	- BANK .		
Mailing Address	LISIG MAIN ST			
	BELEAST		ME	0.49.15-
	CITY		STATE	ZIP CODE
Name of Bank, De	pository, etc.			<u> </u>
L	<u>. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</u>			
Mailing Address				
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	CITY		STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss 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
Date of R Other (Specify):	leceipt or Postmarked
Ames	5-17/12
PREPARER (3/2005)	DATE PREPARED