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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7
2012 MAY 15 AM 11: 42
FEC MAIL CENTER

				1 Cance Ose Ony
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	5 (1-12-12-1)
Firitien distroif	Tom Stills	101 n 1 1 1 1 1 1		لسسسسا
		 		
ADDRESS (number and street)	13,901 Cash	Spring Role	<u>Id</u>	
(Check if address is changed)	1		1 1 1 1	
	Ozark		MO	6.5.7.2.11-
		СПУ	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	-mail address)		
(Check if address	•	piricio in girieisisi	<u>Ogmaii</u>	1
ं is changed)				
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
(Check if address is changed)	1	<u>ומוסוצו ויון לן לון און ווען.</u>		nigirieisisi.icioimi
		* 		
2. DATE 0.5	3 2012			
3. FEC IDENTIFICATION N	Ј МВЕР С	parageony anger parageony parageony 		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the bes	t of my knowledge and belief	it is true, corre	ct and complete.
Type or Print Name of Treasure	· Wanda	Vartens		
	IIN	1 /	(Turn	ייייייייייייייייייייייייייייייייייייי
Signature of Treasurer	ant of II	artens_	Date 05	03 2012
•	•	may subject the person signing		to the penalties of 2 U.S.C. §437g. S.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

TYPE OF COMMITTEE Candidate Committee: (a) V 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 Candidate Party Affiliation Candidate President To M. State State
(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 To M. Strillson
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate To m StillSon
information below.) Name of Candidate $T_{0}m_{1}S_{1}t_{1}S_{0}n_{1}$
Candidate $T_{i,0}$, M_i , S_i , i_i , I_i , S_i , O_i ,
M C
District 0/
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate
Party Committee:
(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Political Action 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 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
TEL
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 forloral narufidate.
(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.
Committees Participating in Joint Fundraiser
I I I I I I I I I I I I I I I I I I I
2. FEC ID number C
3. FEC ID number C
4.

FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Na	ne	^
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
	1	1
Mailing Address		
·		<u> </u>
	CITY STATE	ZIP CODE
Relationship:	ted Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the pe	rson in possession of committee
Full Name Tiolm	Stilson	
Mailing Address	\$ 9 P . O . BOX 537	<u></u> _
	0,2,a,r,k,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	65721-0537
Title or Position	CITY STATE	ZIP CODE
Condidate	Telephone number	1,7]-15,8,2]-[1,7,4,6]
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	and the name and address of
Full Name of Treasurer	DA MARTENS	
Mailing Address	1502 CASH SPRING RD.	
	OZARK MO	6,5,7,2,11- ZIP CODE
Title or Position TREASIURE	Telephone number	1.7]-[5.8.1]-[7.4.85]

	Revised 02/2009)		Page 4
Full Name of Designated			~
Agent Til	bioimiais, isihiainiei isitiilisioini, i		
Mailing Address	2,00, 6,9 6, K, S,P, O, , B,O,X	<u> </u>	
	CITY	MO STATE	[6,5,7,2,1]-[0,5,3,7] ZIP CODE
Title or Position	†e Telephone nu	mber 4	1,7-15821-1,7,46
9. Banks or Other Deposafety deposit boxes of	ositories: List all banks or other depositories in which the commi	ttee deposits	funds, holds accounts, rents
Name of Bank, Depos	sitory, etc.		
<u> </u>	ommerice Biank	<u>11-11-</u> .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1161851 West Juackision	itirieie	
Mailing Address			
Mailing Address			
Mailing Address	Diziairik	MO	6,5,7,2,1
Mailing Address		<u> </u>	
Mailing Address Name of Bank, Depos	DIZIOIN KI	MO	6.5.7.2.1
	DIZIOIN KI	MO	6.5.7.2.1
	DIZIOIN KI	MO	6.5.7.2.1
Name of Bank, Depos	DIZIOIN KI	MO	6.5.7.2.1
Name of Bank, Depos	DIZIOIN KI	MO	6.5.7.2.1

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
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USPS Express Mail	•
Postmark Illegible	
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Overnight Delivery Service (Specify):	Shipping Date
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Jup	5/15/12
PREPARER	DATE PREPARED
(3/2005)	