20!0 JUN -7 AM 9: 26

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STATEMENT OF

FEC FORM 1		ORGANIZ	ATION		Office Use Only	
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M		
FRIZENDS	1 1017	STENE NEW	IEINISIC AIMININID E	<u> </u>		
ADDRESS (number and street)		93 GII VANCIONIVER DRINE				
(Check if a	ddress					
is changed)	•	LACIEY		MA	918151161-16101291	
			CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only one e	-mail address)			
· (Check if		TWFOGREFORMANKRICANUCK, COM.				
is change] 			
COMMITTEE'S WEB	S PAGE AD	DRESS (URL)				
(Check if address is changed) $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
2. DATE 05 37 30 10						
3. FEC IDENTIFICATION NUMBER COOY74296						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A) TERMINISTE						
I certify that I have	examined t	his Statement and to the bes	of my knowledge and belief	it is true, corre	ect and complete.	
Type or Print Name	of Treasure	STEVEN ITA	TY NEVERSON L	AWEN		
Signature of Treasure	,	Ly James			3/20/0	
NOTE: Submission of	false, erron	·	may subject the person signing ON SHOULD BE REPORTED V		to the penalties of 2 U.S.C. §437g.	
Office Use			For further information Federal Election Commis		FEC FORM 1	

FEC Fo	orm 1 (Revised 02/2009)					Page 2
TYPE OF (COMMITTEE					
Candidat	e Committee:				•	•
(a) X	This committee is a pri	ncipal campaign o	committee. (Comple	ete the candidat	e information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	JIFILK	KRYW	EUENSC	HUAND	4R-111	
Candidate Party Affiliat	tion REP	Office Sought:	House	Senate	Y President	State WA
(c)	This committee support	s/opposes only o	ne candidate, and	is NOT an auth	orized committee.	
Name of Candidate		11111		1111		
Party Co	mmittee:					
(d)	This committee is a		(National, State or subordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	Action Committee (P/					
(e)	This committee is a se	Parate segregated	fund. (Identify con	nected organiza	tion on line 6.) Its co	onnected organization is a:
	Corporation		Corporat	ion w/o Capital	Stock	Labor Organization
	Membership O	rganization	Trade As	ssociation		Cooperative
	In additi	on, this committee	is a Lobbylst/Regis	strant PAC.		
(f)	This committee suppor committee. (i.e., noncon			andidate, and is	s NOT a separate :	segregated fund or party
•	In addition, this	committee is a Lot	obyist/Registrant PA	NC.		
			adership PAC. (Ider		line 6.)	
Joint Fund	draising Representat		· · · ·			
(g)	This committee collects committees/organization					
(h)	This committee collects of committees/organization					two or more political
Con	nmittees Participating in	Joint Fundrais	er			
1.]		FEC ID	number C	
2.]]]]]]	FEC ID	number C	
3.					number C	
_		!			number C	
4.		<u> </u>			Training (

	1201011111 (101000		. ago o
W	rite or Type Committee Nam	ne	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundralsing Representat	ive, or Leadership PAC Sponsor
L			
L			
	Mailing Address		
			<u> </u>
		CITY STATE	E ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundralsing Repres	entative Leadership PAC Sponsor
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	ne person in possession of committee
	Full Name	VIEIDI IKAIYI IDI ENEIDISICIHIWANDIRIAL	
	Mailing Address	SEUL MENCIONNER DRINE	
		LARICE Y I I WE	J 4851111-16028
	Title or Position	CITY STATE	ZIP CODE
	TRIGINIS WILL BO	Telephone number	360-1302-14113N
В.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commit assistant treasurer).	ttee; and the name and address of
	Full Name of Treasurer	YIEIDI IKINI INENEIDISICINUSANIDIÈD	
	Mailing Address	PIZOIN INIBIACIONINIEU DIU INIEI	
		CITY STATE	
	Title or Position	Telephone number	3.6.01-14.0.21-14.1.3.01
ı	TREASIMINEIN	Telephone number	

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY	STATE ZIP CODE
Title or Position		nber
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committoxes or maintains funds. Depository, etc.	ee deposits funds, holds accounts, rents
	ME CAN I I I I I I I I I I I I I I I I I I I	
Mailing Address		
Malling Address		
Mailing Address	1320 MIARIVITIA IRIN INIÈI II	
Malling Address	SINIZIEIGIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	STATE ZIP CODE
Malling Address	SIMATIE G	·
	SIMATIE G	·
	SINIZIE G L L L L L L L L L L L L L L L L L L	·
Name of Bank,	SINIZITIE G L L L L L L L L L L L L L L L L L L	·
Name of Bank,	SINIZITIE G L L L L L L L L L L L L L L L L L L	·

Federal Election Commis ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing to	COMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signati	ure Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Nex	xt Business Day Delivery
Received from House Records & Registration O	Date of Receipt of Ince
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
h	6/7/10
PREPARER (3/2005)	DATE PREPARED