2009 JUL 30 AM 10: 45

FEC FORM

29030133238

## STATEMENT OF ORGANIZATION

FORM 1		ORGANI	ZATION		Office Hee Only		
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Office Use Only		
ed mari	IN	FOR CONGR	3665	<del>!                                      </del>			
<u> </u>							
ADDRESS (number a	nd street)	6037 HAP	APTION AVENUE	<del>.</del>			
· (Check if a	ddress	<u> </u>		<del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>			
is changed)		ST LOUIS	2	MO	634.091-36081		
			CITY	STATE	ZIP CODE		
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only or	ne e-mail address)				
		Mane	· <u> </u>	1.1.1.1			
(Check if is change							
COMMITTEE'S WEB	PAGE ADI	ORESS (URL)					
(Check if	addraes	none		1111			
is change			<u> </u>	<del>                                     </del>			
2. DATE O	7 a	9 2009					
3. FEC IDENTIFICATION NUMBER							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have o	examined th	is Statement and to the	best of my knowledge and belief it	t is true, correc	and complete.		
Type or Print Name	of Treasure	Randall	J. MCART	HUR.			
Signature of Treasure	er 🏃	Candrel f1	n Cerebra.	Date 0	7 89 2009		
NOTE: Submission of		•	tion may subject the person signing that ION SHOULD BE REPORTED W		,		
Office Use Only			For further information of Federal Election Commissi Toll Federal 800-424-9530		FEC FORM 1 (Revised 02/2009)		

5.

,	rage 2
	COMMITTEE ate Committee:
(a) <i>[</i>	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	KD MARTHA
Candidate Party Affili	Office 1 State MO
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	(National, State (Democratic, This committee is a 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.
<b>(f)</b>	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 Fu	ndralsing 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	ommittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number C

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Write or Type Committee Name	
	·
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Represer	ntative, or Leadership PAC Sponsor
Mailing Address	
CITY	FATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Rep	resentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position o books and records.</li> </ol>	of the person in possession of committee
Full Name EDWARD R MARTITA , JR	<del> </del>
Mailing Address 4037 HAMPTON AVENUE	
ST. 1.0,0,16, 1, 1, 1, 1, 1	101 631091-8608
Title or Position CITY STA	ATE ZIP CODE
CANDIDATE Telephone number	314-12561-11776
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the comany designated agent (e.g., assistant treasurer).</li> </ol>	nmittee; and the name and address of
Full Name of Treasurer RAIN DAILL SI MCARTHUR	<del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>
Meiling Address 11.1.9.7.1. A.UTVMA LAKES DR	BUNE
MARYLAND HESGHTS IN	70 163043-4903 TE ZIP CODE
Title or Position	314-1550-15920

CITY

STATE

ZIP CODE

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Mailing Address

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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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USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify): Fod Cy	Shipping Date				
Next-Business-E	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				
EL-	7/30/09				
PREPARER (3/2005)	DATE PREPARED				
(3/2003)					