STATEMENT OF

2010 APR 19 AIIII: 54

FORM 1		ORGANIZ	ZATION		Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Knoxi Co	untu	y Republi	can Party		<u> </u>
	<u> </u>	PO BOX 1	<u></u>	<u></u>	
ADDRESS (number a	nd street)	PO BOIX 1	<u>U /:3: , </u>	<u> </u>	
(Check if a is changed)		Mount ViE	CNON	OH	43050-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	Ali ADDRE	SS (Please provide only one	e-mail address)		
		1		1 1 ' 1 1	
(Check if is change					_!_i
COMMITTEE'S WEE	B PAGE AD	DRESS (URL)			
(Check if is change				<u> </u>	<u> </u>
2. DATE	4 1:	å à 0.1.0.			
3. FEC IDENTIFIC	CATION N	UMBER C.			
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have	examined ti	his Statement and to the be	est of my knowledge and belief	it is true, correct	and complete.
Type or Print Name	of Treasure	Cindy HI	995		
Signature of Treasur	er <u>(</u>	get Hugg	2	Date D	1 12 2010
NOTE: Submission of	false, erron	·	on may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only			For further Information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC FO	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
	ididate	e 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.)
Nam	e of didate	
		. n 1940. F
	didate / Affiliati	Office State Sought: House Senate President
	,	District Learning to the Control of
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of didate	
Par	ty Con	nmittee:
(d)	X	This committee is a 5 U b (National, State or subordinate) committee of the Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)	, [This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
	-	Corporation
		internal int
		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.)
Join	t Fund	draising 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.
	Com	amittees Participating in Joint Fundraiser
	1.	
	1.	And the second of the second o
	2.	FEC ID number C
	3.	FEC ID number
	4.	
	→.	

	FEC Form 1 (Revised)2/2009)					Page 3	
W	Vrite or Type Committee Name	•						
6.	Name of Any Connected (Organization, Affiliated	Committee, Joint Fo	ındralsing Repro	esentative,	or Leadership	PAC Spons	sor
O)H/101 ;GO!P! 1	'			. ! ! !	.	!	
				:	- 		 	i
	Mailing Address	1211 504	the Kift	h 5+			! !	:
				!	: :		 	! <u> </u>
		Columby	'S		10:11	14321	51-1	l ;
			CITY	-	STATE	ZII	CODE	
	Relationship: Connected	d Organization XAffilia	ated Committee """	oint Fundraising	Representa	tive ^{‡ ***} Leade	rship PAC S	ponsor
•	Custodian of Records: Idea books and records.	ntify by name, address ((phone number opt	ional) and position	on of the pe	erson in posse	ssion of con	nmittee
	Full Name	ly Higgs	<u>: 1 · ; 1 1 - </u>	<u> </u>	<u>i ! i</u>	1	<u> </u>	<u> </u>
	Mailing Address	IPO BOX	1078		111		<u> </u>	
		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u>i l</u>
		Mount V	CRNGN	<u>i</u> ii	LOM	143.05	14-LL	<u> </u>
	Title or Position		CITY		STATE	ZIF	CODE	
	Treasure	,		Telephone num	ber 📝	<u>49-13,9</u>	2-185	34,4
3.	Treasurer: List the name an any designated agent (e.g.,		per optional) of the	treasurer of the	committee;	and the name	and addres	s of
	Full Name of Treasurer	dy Higgs			<u> </u>		<u> </u>	!1
	Mailing Address	tho Box	1078		<u> </u>		<u>l. :</u>	<u>i '</u>
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		Mount	ERNON.		OM	14305	0 -L_	<u>ı i </u>
	Title or Position	-	CITY	Telephone num	STATE ber 7	zif 40-1.39	CODE 2-83	46
ł	-					_		

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Full Name of Designated Agent		i .l .l .l .l .	! i
Mailing Address		<u> </u>	
		<u> </u>	
	СПҮ	STATE	ZIP CODE
Title or Position			
	<u>illiiil</u> Telepho	one number	<u></u>
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		committee deposits fu	nus, nuius accounts, rents
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. (5 + KNOX NAH ONA! BOX 1270		
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. (5 / KNOX NaH ON A L	Bank	
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. (5 + KNOX NAH ONA! BOX 1270	Bank	
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Federal Election Commission	2 DOCUMENTS
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
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confi	rmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	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
Other (Specify):	Receipt or Postmarked
8V	4/19/10
PREPARER (3/2005)	DATE PREPARED
(3/2005)	1