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(3)

STATEMENT OF **ORGANIZATION**

Example: If typing, type

over the lines.

CITY

RIEITICHARIDITIZIOITIOI. CIOIM

(Check if name

PO BOX 1480

MUSKEGON

2010

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

is changed)

RIEI 1, CIHIA, RIDITI 12, 0, 1,0, CIO, MM, 1, TITIEIE 1 1 1 1

RECEIVED
PAG MAIL CENTER

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FEC FORM 1

ADDRESS (number and street)

(Check if address is changed)

(Check if address

(Check if address

is changed)

Use

Only

2. DATE

COMMITTEE'S WEB PAGE ADDRESS (URL)

03 01

is changed)

Office Use Only 12FE4M5 4,9,4,4,3 - 6,4,8,0 MI STATE ZIP CODE IFII, NAINCIERIREI IICIHIAIRDITIZIOI IIQ, ICIOIM

(Revised 02/2009)

: 3. FEC IDENT	IFICATION NU	MBER	C	elle inger verer und die g	
4. IS THIS STA	TEMENT X	NEW (N)	OR	. AMENDED (A)	
certify that I hav	e examined this	s Statement and	to the best o	of my knowledge and belief it is tr	ue, correct and complete.
Type or Print Nan	ne of Treasurer	KUF	RT	K. RAY	
Signature of Treas	surer	Kint	0	Date	03/01/2010
NOTE: Submission		•		nay subject the person signing this S N SHOULD BE REPORTED WITHIN	tatement to the penalties of 2 U.S.C. §437g
Office				For further information contact	FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530 Local 202-694-1100

	F COMMITTEE ate Committee:					
(a)	This committee is a	principal campaig	ın committee. (Co	emplete the candidate in	formation below	v.)
(b)	This committee is a information below.)	n authorized comr	mittee, and is NO	T a principal campaign	committee. (Co	mplete the candidate
Name of Candidate	HOHN !	FILELD S	RE IICHA	$_{i}R_{i}D_{i}T_{i}$		
Candidate Party Affi	רוי אם כדי	Office Sought:	X; House	Senate	President	State MT
(c)	: This committee sup	ports/opposes only	y one candidate,	and is NOT an authoriz	ed committee.	
Name of Candidate	e []]]	11111		<u> </u>		1
Party C	committee:				· · · · · · · · · · · · · · · · · · ·	
(d)	This committee is a		(National, State or subordinate	e) committee of the	·	(Democratic, Republican, etc.) Party.
Politica	I Action Committee	(PAC):		-		
(e)	This committee is a	separate segrega	ited fund. (Identify	connected organization	on line 6.) Its c	onnected organization is a:
	Corporation		. Cor	poration w/o Capital Sto	ock :	Labor Organization
	Membership	Organization	Trac	le Association		Cooperative
	In ac	ldition, this commit	tee is a Lobbyist/l	Registrant PAC.		
(f)	This committee sup committee. (i.e., non			ral candidate, and is N	OT a separate	segregated fund or party
	In addition, t	nis committee is a	Lobbyist/Registra	nt PAC.		
	In addition, t	nis committee is a	Leadership PAC.	(Identify sponsor on line	6.)	
Joint Fu	ındraising Represer	tative:				
(g)	This committee colle	cts contributions, p	ays fundraising ex	openses and disburses noticed committee of a fo	et proceeds for	two or more political
(h) .	This committee collection	ts contributions, pa	ays fundraising ex	penses and disburses n	et proceeds for	
C	ommittees Participatin	a in Joint Fundra	aiser			
1.	<u> </u>			FEC ID nu	mber C	nanger geriger (n. 1915) Germanis
2.			1 1 1 1 1	FEC ID nu	mber C	
3.					mber C	
4.			 	FEC ID nur		

FEC Form 1 (Revised	02/2009)	Page 3				
Write or Type Committee Nam	2010	•				
RE	ICHARDT 2010 COMMITTEE					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor				
<u> </u>						
Mailing Address						
	CITY STATE ZI	P CODE				
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor				
	entify by name, address (phone number optional) and position of the person in posse	ssion of committee				
books and records.						
Full Name Kur R	π_{i} K RAY	 				
Mailing Address	P19 B101×1 418101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
· ·	<u> </u>	<u> </u>				
	MNSKEG9N 111 111 111 111 111 111	3-04.80				
Title or Position	CITY STATE ZII	PCODE				
Meracusen		SAL 17 A.E.7				
TREASURER	Telephone number [2,3,1] - [2,5	<u> </u>				
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name	T 11 2 2 1	1				
of Treasurer [Ŋ W K	T. K. RAY					
Mailing Address	Pio Bio X 480					
•						

Title or Position

TIRIE AIS | 4 | RIE | RIE | Telephone number | 2 | 3 | 1 | 2 | 5 | 5 | 7 | 0 | 5 | 2

CITY

MUSKEGON

ZIP CODE

MI] STATE

CITY

STATE

ZIP CODE

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