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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
Nickolas Cuevas 2012

ADDRESS (number and street) (Check if address is changed)
Po Box 1016
Noblesville IN 46061-1
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed)
Contact@NickFarmer.org

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)
www.NickFarmer.org

2. DATE 06 23 2010

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nickolas Cuevas

Signature of Treasurer Nickolas Cuevas Date 06 23 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

10030353376

5. TYPE OF COMMITTEE

Candidate 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.)

Name of Candidate Nick CUEVAS (Farmer)

Candidate Party Affiliation REP Office Sought: House Senate President State IN District

(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 _____ (Democratic, 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 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 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 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

1003035377

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Nickolas Cuenas

Mailing Address

P.O. Box 1016

Noblesville

IN

46061

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

317-340-2755

8. 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 of Treasurer

Nickolas BERAN CUENAS (Farmer)

Mailing Address

P.O. Box 1016

Noblesville

IN

46061

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

317-340-2755

10030353378

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Heritage Federal Credit Union

Mailing Address

Evansville IN IN 47

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

10030353379

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business 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): Date of Receipt or Postmarked



PREPARER
(3/2005)

6/29/10

DATE PREPARED

10030553380