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## STATEMENT OF

FORM 1		ORGANIZ	ZATION		Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Jerry Nolt	e for	Congress		<u> </u>	
L	1111			<u> </u>	
ADDRESS (number a	nd street)	1304 NE 64	th Street	<del></del>	
(Check if ac	ddress	Gladstone		<u> </u>	
	is changed)			MO 6	§4118 <sub>]-[,,,,</sub>
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRE	SS (Please provide only one	e-mail address)		
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COMMITTEE'S WEB	PAGE ADI	DRESS (URL)			
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2. DATE 01	<b>"</b> ′ <b>2</b> 4	2011			
3. FEC IDENTIFIC	DATION NU	JMBER C			
4. IS THIS STATEM	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined th		est of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name	of Treasure	, <u>Alicia J. No</u>	olte		
Signature of Treasure	er(	Messe Q	Dolte	Date 01 <sup>™</sup>	'24' ' à ð Í Ö
NOTE: Submission of		·	on may subject the person signing		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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FEC Form	1 (Revised	02/2009
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		m 1 (Revised 02/2009)  DMMITTEE									Page	
		Committee:			•							
(a)	$\boxtimes$	This committee is a princi	ipal campai	gn comn	nittee. (Cor	nplete ti	he candida	ate infor	mation b	elow.)		
(b)		This committee is an authinformation below.)	norized com	ımittee, a	and is NOT	a princ	cipal camp	aign co	mmittee.	(Compl	ete the can	didate
Name Cand		Gerald Nolte			للاجال والسياد	_1	.1		1.00		1()	. Jan. 1
Cand	lidate Affiliatio	n Rep	Office Sought:	$\square$	House	П	Senate	П	Presid	ent	State	МО
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(c)		This committee supports/o	opposes on	ly one ca	andidate, a	ınd is N	OT an aut	horized	committ	ee.		
Name Cand		Lilialia	نا لاينا			1.	ii.		1		1.4.1.1.	
Part	ty Com	mittee:		• •								
(d)		This committee is a		•	onal, State ibordinate)		ttee of the			•	Democratic, epublican, e	etc.) Party.
Delit	i — Nool A	rtion Committee (DAC	•\.	•							•	
	licai A	ction Committee (PAC	<i>-</i> )·									
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Write or Type Committee Name  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sports Affiliated Committee, Joint Fundraising Representative, and Joint Fundraising	
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	<u>:                                    </u>
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CITY STATE ZIP CODE	A.2 2
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC	C Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of c books and records.</li> </ol>	committee
Full Name Alicla J. Nolte	!
Mailing Address 1364 NE 64 4 St.	
land defend to and in the same of the desired and in the same in the	
fladstone mo 64118-	سد اساسد
Title or Position CITY STATE ZIP CODE	
Treasurer Telephone number	
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	ress of
Full Name of Treasurer Alicia; T. No Ite	ا ــ
Mailing Address 1304 NE 6/E SX.	
6) adstone MO 64118 ZIP CODE	
Title or Position  Treephone number  Telephone number	

9.

FEC For	m 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			The second secon
Mailing Address		أرائد لادار لديدي	أربينا بذرانيو سرائيان
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	CITY	STATE	ZIP CODE
Title or Position	ı	t	
المالك السنام	Telepho	ne number (, '	
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	or Depositories: List all banks or other depositories in which the conces or maintains funds.	ommittee deposits	funds, holds accounts, rents
Name of Bank,			
	Country Club Bank	•	·
	Experience is a second of the result of the		أدناهما ببالنمارة المناويراني ومنشيعين
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	المحور والأرابي وسنا بسائسة للمراجعة والمسائلة		أشرخت بتراز وليرد بالمسلداء أأرا ولارد
	Kansas City	MO	[64112
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		***************************************
	المتعادلة والمتعادلة و	المسلم السلمان	أعيز بالمستربطينات والرجارية للمسلاب
Mailing Address	لراميين بالانشيال بالرامينة بقاسطة الأساد الانطاء والمساوية	ووالماميل والطالب	<u> </u>
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Imw	2/2/11
PREPARER (3/2005)	DATE PREPARED