15051112447

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in f		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5FE	C MAIL CENTER
WILGKER	E. O. P). B. D. z . C . C .			
	TOIR CIDIN	IGKIZISPI	 		
ADDRESS (number and	street) 2118	1 Smith	fireld Rd		
(Check if adis changed)	dress	1 1 1 1 1			
		CITY A			0,2,0,7 ZIP CODE ▲
COMMITTEE'S E-MAIL	. ADDRESS				
(Check if adis is changed)	dress birio	101K1S1-1W1	CKERQGINA !	. Com	
	Optional	Second E-Mail Ad	dress		
COMMITTEE'S WEB P (Check if add is changed)	dress				
2. DATE Ø8	192	013			
3. FEC IDENTIFICA	TION NUMBER	C 0	0505149		
4. IS THIS STATEME	NEW	(N) OR	AMENDED (A)		
I certify that I have exa	mined this Stateme	ent and to the best	of my knowledge and belief it	t is true, correct and	d complete.
Type or Print Name of	Traccurer 6	RANKS	WICKER JA.		
type or Frint Name of	Treasurer	1	WILLUE CIT		
Signature of Treasurer		SW)		Date 08	19 2013
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.					
Office Use Only			For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

5.

TYPE OF C	OMMITTEE Committee:					
(a)	This committee is a principal	l campaign comm	nittee. (Compl	ete the candidate inf	ormation below	·.)
(b)	This committee is an author information below.)	ized committee, a	and is NOT a	principal campaign o	committee. (Cor	mplete the candidate
Name of Candidate						1 1 1 1 1 1 1
Candidate Party Affiliation	_	ought:	House	Senate	President	State District
(c)	This committee supports/opp	ooses only one ca	andidate, and	is NOT an authorize	d committee.	
Name of Candidate						1 ! 1 1 1 1 1 1
Party Com	mittee:			<u> </u>		
(d)	This committee is a	•	onal, State ubordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):					
(e)	This committee is a separate	e segregated fund	d. (Identify con	nected organization of	on line 6.) Its co	nnected organization is a
	Corporation		Corpora	tion w/o Capital Stoc	*	Labor Organization
	Membership Organiz	zation	Trade A	ssociation		Cooperative
	In addition, th	is committee is a	Lobbyist/Regi	strant PAC.		
(f)	This committee supports/oppcommittee. (i.e., nonconnecte		one Federal (andidate, and is NC	T a separate s	segregated fund or party
	In addition, this comm	nittee is a Lobbyis	/Registrant P/	AC.		
	In addition, this comm	nittee is a Leaders	hip PAC. (Idei	atify sponsor on line 6	j.)	
Joint Fund	raising Representative:					
(g)	This committee collects contri committees/organizations, at	butions, pays fund least one of which	draising expen	ses and disburses ne ed committee of a fed	t proceeds for t daral candidate	wo or more political
(h)	This committee collects contril committees/organizations, nor					wo or more political
Comi	nittees Participating in Joir	nt Fundraiser				
1.	. J 	11111		FEC ID num	nber C	• •
2.				FEC ID near	iber C	en en e
3 .				FEC ID num	aber C	
4.			1111	FEC ID num	ber C	· .

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Write or Type Committee Na		. 430
6. Name of Any Connected	f Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	p PAC Sponsor
		'. ' - ' - ' - ' - '
Mailing Address		
Maining Address		
		
	CITY STATE ZI	IP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
rielationship.	lou Organization Anniated Committee Count Fundationing Prepresentative Leader	manip PAC oponiaci
 Custodian of Records: lo books and records. 	lentify by name, address (phone number optional) and position of the person in posse	ssion of committee
Full Name		
Mailing Address		
		لــــا-لــ
Title or Position	CITY STATE ZII	P CODE
	Telephone number	ـــا-لــ
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name, assistant treasurer).	and address of
Full Name of Treasurer	HH BROOKS WICKER JA	
Mailing Address	V.O. BOX 64.49.	
	LOUISVIIIIE KY 4020	ــــا-لـــ
Title or Position	CITY STATE ZIF	CODE
TIRIBAS WIRELE	Telephone number 5012 - 89	31-197431

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Full Name of Designated Agent		<u> </u>	
Mailing Address			
			
	CITY	STATE	ZIP CODE
Title or Position	Telephor	ne number	
Banks or Other Dep safety deposit boxes Name of Bank, Depo		committee deposits for	ands, holds accounts, rents
safety deposit boxes	or maintains funds.	committee deposits for	unds, holds accounts, rents
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Felery Election Commission 999 Estreet, NW WARMAN, DC, 20463

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. Date of Receipt

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USPS Priority Mail	Postmarked
USPS Priority Mail Express	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):	ceipt or Postmarked
JB	8/29/13
PREPARER (8/2013)	DATE PREPARED
(0.2010)	