2810 APR -5 ATTU- 26

FEC FORM 1

10030280567

STATEMENT OF **ORGANIZATION**

			Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
WIEKER FOR	CONGRESS			
	<u></u>	1111111		لبب
ADDRESS (number and street)	1218 Smith	Fire I'd Rd		لسب
(Check if address is changed)	Kauls Vill	<u> </u>	KY 40207-	——————————————————————————————————————
	c	ITY	STATE ZIP CODE	i
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-r	nail address)		
(Check if address is changed)	<u>birioioi Es@biri</u>	OIOIKSIWIICIKLIR	. • C O M	
0011147775510 WED DIOS ADD				
COMMITTEE'S WEB PAGE ADI				
(Check if address is changed)	WWW-bROOK	SIW I CLESTEL NEC		
2. DATE 0.2	5 2010			
3. FEC IDENTIFICATION NO	JMBER C	e versione de la company Transportation de la company de la compa Transportation de la company de la compa	° ,	::
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the best (of my knowledge and belief in	is true, correct and complete.	
Type or Print Name of Treasure	John P.	Schnidt		
Signature of Treasurer	Klundt	-	Date 03 2P 2	OID
	eous, or incomplete information m		his Statement to the penalties of 2 U	.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		

5.

		OMMITTEE Committee:
(a)	X	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 Cand	-	Scott B WICKER Ja
Cand Party	idate Affiliatio	on REP Office Sought: House Senate President District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)	;*-:; ;*-::	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction 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)	ار : با ئ ىد ۇ	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	Fund	raising 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)	574 655	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	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number
	3.	FEC ID number: C
	4.	FEC ID number: C

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Write or Type Committee Nan		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
1		11111
	_ 	
Marine Address		
Mailing Address		
		
	CITY STATE Z	IP CODE
Relationship: Connect	ed Organization : Affiliated Committee : Joint Fundraising Representative Lead	ership PAC Sponso
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name S ₁ C ₁ O	++ B WICKER Ja	1 1 1 1 1 1 1 1 1 1
Mailing Address	12-18 Smithfield Rd	
	1604115111111111111111111111111111111111	ــــا-لتــ
Title or Position	CITY STATE Z	IP CODE
CANdidate	Telephone number	.
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer	N. P. Schmidt	
Mailing Address	205 TOWNERANK CHARLE	
	Suits 100	
	LOUISVILLE KOZO	
Title or Position	CITY STATE ZI	P CODE

CITY

STATE

ZIP CODE

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Full Name of Designated Agent

Mailing Address

(3/2005)

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