			RE	DEIVED
FEC FORM 1	STATEME ORGANIZ		2010 JUR1 :	30 AN 8:20 🗍
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, typ over the lines.	99 12FE4M5	
RICKWILSON	FORCONGRES	5 <sub>1</sub> 5 <sub>1</sub>		
ADDRESS (number and street)	11,3,0,5, ROL	LINS STRE	ETILLI	<u>Liller</u>
(Check if address	L	<u></u> _		<u> </u>
is changed)	GRANDIBL		M /#	8439-5119
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS (Please provide only one	e-mail address)		
. (Check if address	RICKMILS	ONUS REPOA	0.2. GOM	
is changed)				
COMMITTEE'S WEB PAGE A	, , , , , , , , , , , , , , , , , , ,			
(Check if address	$W_1W_1W_1$ , $R_1$ , $C_1$ K_1	MILISIONFOR	CONGRESS	COM
is changed)				<u> </u>
2. DATE <b>2</b> 6	2010			ì
3. FEC IDENTIFICATION		0462366	a firmer - Yraugh	
4. IS THIS STATEMENT	NEW (N) OR		(A)	
I certify that I have examined	this Statement and to the be	st of my knowledge and b	ellef it is true, correct ar	nd complete.
Type or Print Name of Treasu	ror Marien	= 75A		
Signature of Treasurer	More X	-tothe	Date 06	25 2010
NOTE: Submission of false, em	neous, or incomplete information ANY CHANGE IN INFORMAT			e penalties of 2 U.S.C. §437g.
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9 Local 202-694-1100	mmission 530	FEC FORM 1 (Revised 02/2009)

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FEC Form 1 (Revised 02/2009)

		OMMITTEE Committee:
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	Ŋ	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Nam Can	e of didate	RIGH WILLSON
	didate y Affiliati	on RFP Office State Senate Fresident District 0.5
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cano	e of didate	
Par	ty Con	omįttee:
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Pol	itical 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
	:	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.)
Join	t 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)		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.	
	2.	
	3.	

Write or Type Committee Name

. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
	<u>, , , , , , , , , , , , , , , , , , , </u>
Mailing Address	
	CITY STATE ZIP CODE
Relationship:	d Organization
Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in possession of comm
Full Name	$\mathcal{D}_{i}\mathcal{R}_{i}\mathcal{I}_{i}\mathcal{C}_{i}\mathcal{K}_{i}\mathcal{P}_{i}\mathcal{N}_{i}\mathcal{I}_{i}\mathcal{I}_{i}\mathcal{S}_{i}\mathcal{O}_{i}\mathcal{N}_{i}\mathcal{I}$
Mailing Address	11305 ROLLINS STREET
	GR.A.M.D. B.L.A.M.G M.1 48143191-15111
Title or Position	CITY STATE ZIP CODE
$C_10_13_1T_1O_10_1I_1A_1N_1$	Telephone number $[8_11_0] - [6_19_14] - [6_6_22$
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address a assistant treasurer).
Full Name of Treasurer	LENEL J. D. F. aff
Mailing Address	2Y14121 EMAPLELI #301ST IIIIIIIIIIIIIIII
	CITY STATE ZIP CODE
Title or Position $[T_1R_1E_1A_1S_1U_1R_1E_1R_1]$	

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			СПҮ											STATE										ZIP CODE													
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Full Name of Designated Agent	1	L 1		L.	1	1	.1	_1_	.1.	L	1		1.			1	. 1	l	1	L., I		1	Ł	1	1	1	1	.1.	. 1	_1.		1	L	1	1		ł

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.

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Name of Bank, Depository, etc.

IF.	<u> </u> , <b>F</b> , <b>T</b>	<u>; H</u>	Ļ	$T_1$	H,1	R	, <b>D</b>	<u>L_1</u>	B , f	4 <u>,</u> 1	1, K	4	ட			1	1	1	1	1	L				1	1	1	<u> </u>		
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Name of Bank, Depo	ository, el	tc.																												
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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
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USPS Priority Mail	Postmarked
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USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
R	6/30/10
PREPARER (3/2005)	DATE PREPARED