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FEC MAIL CENTER

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	
ROANE COUN	ITY REPUB	LICAN PAR	TY PA	
indicate la la da da da da da la			<u> </u>	<u></u>
ADDRESS (number and street)	247 HIGH K	OINTE VILLA	IGE WAY	
(Check if address is changed)	KINGSTON)	ITM	37763-7083
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one	e-mail address)		
(Check if address is changed)	ROANEGO	•	ASTONE	
COMMITTEE'S WEB PAGE, AD	DRESS (URL)	,		
(Check if address is changed)				
2. DATE 02-2	-7-2008	. ••	:	
3. FEC IDENTIFICATION N	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A	N)	
l certify that I have examined th	nis Statement and to the be	st of my knowledge and bel	ief it is true, correct a	and complete.
Type or Print Name of Treasure	- ,	r DICE	·	
Signature of Treasurer	SUTD	· &	Date /0 -	20-10
NOTE: Submission of false, errone	·	n may subject the person sign	-	ne penalties of 2 U.S.C. §437g.
Office Use Only		For further informati Federal Election Com Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)

TYPE OF Co	OMMITTEE Committee:					
(a)	This committee is a pri	ncipal campaign	committee. (Compl	ete the candidate	information below	v.)
(b)	This committee is an a information below.)	uthorized commit	tee, and is NOT a	principal campaig	n committee. (Co	mplete the candidate
Name of Candidate					<u> </u>	
Candidate Party Affiliation	on	Office Sought:	House	Senate	President	State District
(c)	This committee suppor	ts/opposes only o	one candidate, and	is NOT an author	rized committee.	District
Name of Candidate				1111		
Party Com	mittee:					
(d) X	This committee is a	SUB	(National, State or subordinate) co	mmittee of the	REP	(Democratic, Republican, etc.) Party.
Political Ad	ction Committee (P					
(e)	This committee is a se	parate segregated	d fund. (Identify cor	nected organization	on on line 6.) Its o	onnected organization is a:
	Corporation		Corpora	tion w/o Capital S	Stock	Labor Organization
	Membership O	rganization	Trade A	ssociation		Cooperative
	in additi	n, this committee	e is a Lobbyist/Regi	strant PAC.		
(f)	This committee suppor committee. (i.e., noncor			candidate, and is	NOT a separate	segregated fund or party
	In addition, this	committee is a Lo	bbyist/Registrant P	AC.		
	In addition, this	committee is a Le	adership PAC. (Ide	ntify sponsor an lir	ne 6.)	
Joint Fund	raising Representa	tive:				
(g)	This committee collects committees/organization		and the first of the sale of t			•
(h)	This committee collects committees/organization					two or more political
Comr	nittees Participating i	n Joint Fundrais	ser			
1.	!			FEC ID r	number C	
2.		<u> </u>	11111	FEC ID	number C	
3.		<u> </u>	<u> </u>	FEC ID r	number C	
4	!	1 1 1 1 1 1	11111	I I FEC ID r	number C	

Name of Any Conne	cted Organization, A	Affiliated Committee, Joint	Fundraising Representat	tive, or Leadership PAC Sponsor
F. A. superior and has also made transfer				
	111111.			
Mailing Address	1.1.1.1.		11111111	
	المراجعة المرسول ومسالات			
		CITY	STATI	E ZIP CODE
·	nnected Organization s: Identify by name, a	Affiliated Committee address (phone number c	Joint Fundraising Repres	
Custodian of Record books and records.	s: Identify by name, a	address (phone number c	Joint Fundraising Repres	entative Leadership PAC Sponso
Custodian of Record books and records.	s: Identify by name, a	address (phone number c	Joint Fundraising Repres	entative Leadership PAC Sponso
Custodian of Record books and records.	s: Identify by name, a	address (phone number c	Joint Fundraising Repres	entative Leadership PAC Sponso
Custodian of Record books and records. Full Name	s: Identify by name, a	address (phone number c	Joint Fundraising Repres	entative Leadership PAC Sponso
Custodian of Record books and records. Full Name	s: Identify by name, a	address (phone number c	Joint Fundraising Repres	entative Leadership PAC Sponsore person in possession of committee

Full Name CLYDE T. DICE of Treasurer Mailing Address 3.7.763 - 70.83 ZIP CODE

Title or Position

TREASURER

Telephone number 865 - 717 - 939.7

Full Name of Designated Agent LAN	IDY ELLIS	<u> </u>	
Mailing Address	319 VIRGINIA AVEN	ve:	<u> </u>
		المسلسل	
	HARRIMAN LILLI	STATE	37748
Title or Position ASS/STANT	TREASULER Telephone nu	mber ${\cal E}$	365 - 335 - 1798/
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		ttee deposits	s funds, holds accounts, rents
RE	GLONS BANK	1 1 1 1	
Mailing Address	320 N KENTUCKY	,	
		طبلند	
	KINGSTON	TW	37.763
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
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Mailing Address			<u> </u>
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	CITY	STATE	ZIP CODE

(3/2005)

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