2009 OCT 27 AM 7: 08

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STATEMENT OF

	FEC FORM 1	ORGANIZ (See instruct		Office us	e anly
1.	NAME OF COMMITTEE (in 1	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	CONTROL OF THE STATE OF THE STA
L	Vidak for Cong		<u> </u>		
L			<del>ــــــــــــــــــــــــــــــــــــ</del>	11111	
AD	DRESS (number and s	PO Box 984			
Г	(Check if address				
IJ	is changed)	Willows		CA 9	5988 
			CITY	STATE &	ZIP CODE 📥
cc	DMMITTEE'S E-MAI	_ ADDRESS (Please provide only one			
KI	(Check if address	treasureriawier@sb	ocglobal.net	1 1 1 1 1 1	<u> </u>
LY	is changed)				
cc	MMITTEE'S WEB F	AGE ADDRESS (URL)	A Company of the Comp	,	,2,
!]	(Check if address	111111111		a. Trifil I I I I I'l	
<b>i</b>	is changed)	1		Secretary Co. 10	
		<del>-                                      </del>			<u> </u>
		• •		n s. 4 %. s	1 °25 ···
2.	DATE 10	' 20 ' Y 2 Y 0 0 Y		er er er er er	
3.	FEC IDENTIFICA	TION NUMBER	C	J	
4.	IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
l ce	ertify that I have exami	ned this Statement and to the best of my ki	nowledge and belief it is true, correct ar	nd complete	
Ту	pe or Print Name of	Treasurer Kelly Lawler	7		
Signature o	of Treasurer	Killy	Muller	Date 70'	0 2009
NC	OTE: Suhmission of fal	se, erroneous, or incomplete intopnation m	ay subject the person signing this State	ement to the penalties of 2 l	S.C. \$4370
140		<del>-</del>	ATION SHOULD BE REPORTED		,
	Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion FE	C FORM 1 evised 02/2009)

TWO SHOP OF A BURN SON THE

	FEC I	Form 1 (Revised 02/2009) Page 2						
5.	TYPE OF COMMITTEE (Check One)							
	Candidate (	date 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 of Candidate	James Andrew Vidak						
	Candidate Party Affiliat	DED. Office C	CA ŽO					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate	! 						
	Party Comr							
	(d)	(National, State (Democratic, Republican, etc.) Pa	arty.					
	Political Ac	tion Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	a:					
	and the same of th	Corporation Corporation w/o Capital Stock Labor Organization						
		Membership Organization Trade Association Cooperative						
	(1)	In addition, this committee is a Lobbyist/Registrant PAC.  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party						
	L	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 Fundra	aising 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.						
	Con	nmittees Participating in Joint Fundraiser						
		1. FEC ID number C	Parameter 2					
		2. FEC ID number C						
		3. FEC ID number C	]					
		ESC ID number						

FEC Form 1 (Revised 0	2/2009)		Page3
Write or Type Committee Name			
Vidak for Congress			
3. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	ership PAC Sponsor
NONE	1 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1		11111111
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i	1 1 1 1 1 1 1 1
Mailing Address			1; 11.1:
	1.:11		1 1 1 1 1 1 1 1 1
	CITY▲	STATE A	ZIP CODE
Relationship:			
Connected Organization	Affiliated Committee Joint Fundraising	Representative	Leadership PAC Sponsor
possession of Committee Full Name Kelly I Mailing Address			
	Willows	CA	95988
Title or Position ♥  Treasure	CITY A Telephone	STATE▲ e number530	ZIP CODE A - 5823
B. Treasurer: List the name name and address of an	and address (phone number optional) of the treas y designated agent (e.g., assistant treasurer).	surer of the committe	ee; and the
Full Name of Treasurer Kelly	Lawler	<del> </del>	
Mall.	PO Box 984		·
of Treasurer Kelly		CA	95988
of Treasurer Kelly	PO Box 984	CASTATE _	95988 ZIP CODE &

FEC Form 1 (Revi	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposite	nolds accounts, rents		
Mailing Address	210 Tehama		!!
	<b>Willows</b>		95988
	CITY 🛦	STATE 4	ZIP CODE A
Name of Bank, Deposito	ory, etc.		
LL	<del></del>	I <u></u>	<u>:                                    </u>
Mailing Address		-1	<del></del>
	<del></del>		
	CITY 🗖	STATE 4	ZIP CODE 🛕

(3/2005)

## **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 **Hand Delivered** Postmarked **USPS First Class Mail** 10/01/0> Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): 10/07/01 DATE PREPARED