

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 FEB 21 PM 1:18

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Rick Williams for Senate

ADDRESS (number and street)

1801 Century Park East, Suite 1450

(Check if address
is changed)

Los Angeles

CA

90067

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

rickwilliamsforsenate@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.rickwilliamsforsenate.com

2. DATE

02 / 14 / 2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Timothy C. Maher

Signature of Treasurer

Date

02 / 15 / 2012

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12020172794

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 Rick Williams

Candidate Party Affiliation Rep Office Sought: House Senate President State CA District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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) 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

Rick Williams for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Timothy C. Maher

Mailing Address

209 Avenida Del Mar, Suite 201

San Clemente

CA

92672

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

949 - 485 - 4444

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Full Name of Designated Agent

Rick Williams

Mailing Address

1801 Century Park East, Suite 1450

Los Angeles

CITY

CA

STATE

90067

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

310 - 277 - 5333

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.

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12020172797

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PO ZIP Code	Day of Delivery	Postage
102 707	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	\$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
1/27/07	Month Day	\$
Mo. Day Year	Scheduled Time of Delivery	COO Fee
	Month Day	\$
Time Accepted	Mo. Day Year	Insurance Fee
	Mo. Day Year	\$
<input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery	Total Postage & Fees
	Mo. Day Year	\$
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code	Acceptance Emp. Initials
lbs. ozs.		

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FOR PICKUP OR TRACKING

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No. Day	Time	Employee Signature
Delivery Attempt	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day	Time	Employee Signature
Delivery Date	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day	Time	Employee Signature
Delivery Date	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
 Additional merchandise insurance is void if customer requests waiver of signature. Signature of addressee is required for delivery of insured mail. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE () - -

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United States Senate

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OFFICE OF PUBLIC RECORDS

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	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

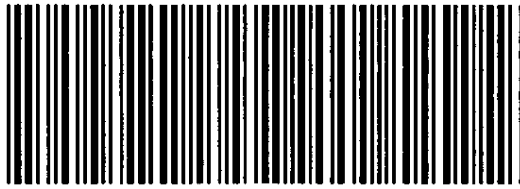
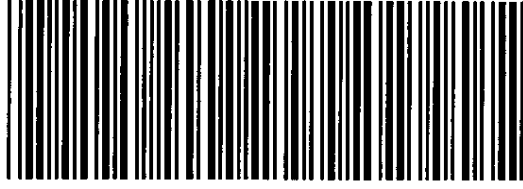
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12020172799



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