FEC FORM 1

11926224829

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

		······································	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Mreyon D	rown for	US Sene	ete
ADDRESS (number and street)	691 Ch	annel Cir	cle
(Check if address is changed)	RUSSellvi	lle	AR 728021-
COMMITTEE'S E-MAIL ADDRE	Chanse of the control	M Ly All mail address)	STATE ZIP CODE
(Check if address is changed)		. / 	
COMMITTEE'S WEB PAGE ADDRESS (URL)			
(Check if address is changed)			
2. DATE 06 13 ÃO 11			
3. FEC IDENTIFICATION N	имвек С		
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 Kara Drown			
Signature of Treasurer	Xano Strou	<u></u>	Date 06/13/8011
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.			
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SECRETARY OF THE SENATE
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Secretary of the Senate 232 Hart Senate Office Blds Washington D.C. 20510

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HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

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