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2009 NOV 24 AM 9: 34

FEC FORM 1

STATEMENT OF ORGANIZATION

			<u> </u>	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	and the second
KENNY NEST	FOR CONGR	ESS: III	<u> </u>	
<u> </u>	<u> </u>		<u> </u>	
ADDRESS (number and street)	440 HERBE	RT HILLS C)R :	
(Check if address is changed)	HAVESYILL	.E , : , :		<u></u>
	•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)		
(Check if address is changed)		loing resseau		
,		A State Stat		
COMMITTEE'S WEB PAGE AD	DRESS (URL)	Marie de la Companya		
(Check if address is changed)	1	gress.com		ı
2. DATE	2009	and the second second		e e terrest que
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT X	NEW (N) OR	· AMENDED (A)		•
certify that I have examined to	his Statement and to the bes	t of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name of Treasure	Teresa Duna	Mirandi		
Type of Pfint Name of fleasure	2 10	<u>[://sir.d/)q1</u>		, - summitted totalementelemen
Signature of Treasurer	Wisselline I de	indi .	Date J	17 2009
NOTE: Submission of false, erron		may subject the person signing		he penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toli Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

		OMMITTEE
(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 Cand		KENINY WEST FOR CONGRESS
Cand Party	idate Affiliati	on REP Office Sought: X House Senate President District
(c)	Χ.	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Con	nmittee:
(d)	() () ()	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)	6.13	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	Fund	draising 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.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C

Write or Type Committee Name

N		·		
Name of Any Connected	f Organization, Affiliated Comm	iittee, Joint Fundraisi	ng Representative, o	or Leadership PAC Sponso
		1 1 1 1 1 1	: [: ;	
	<u> </u>	1 1 1 1 1 1		
Mailing Address			<u> </u>	
			<u> </u>	
			ر لنا لن	<u> </u>
	CITY		STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Cor	mmittee Joint Fur	ndraising Representati	ve E Leadership PAC Sp
Custodian of Records: Idebooks and records.	dentify by name, address (phone i	number optional) a	nd position of the per	rson in possession of comr
		• هم - ما		
Full Name	esa Dunin Mi			<u> </u>
Mailing Address	Po Box 767	<u> </u>	<u> </u>	
		<u>: i : </u>	<u> </u>	
	HAYESVILLE		LI INC	28904
Title or Position	CITY		STATE	ZIP CODE
	CITY	! Teleph		ZIP CODE
TREASURE	and address (phone number op		one number 8:3	281-13891-1991
Treasurer: List the name a any designated agent (e.g.	and address (phone number op	ptional) of the treasure	one number 8:3	2.8 - 3.89 - 99. and the name and address
TREASURE F Treasurer: List the name a any designated agent (e.g.	and address (phone number op., assistant treasurer).	ptional) of the treasure	one number 8:3	2.8 - 3.89 - 99. and the name and address
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer	and address (phone number op., assistant treasurer).	ptional) of the treasure	one number 8:3	2.8 - 3.89 - 99. and the name and address
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer	and address (phone number op., assistant treasurer).	ptional) of the treasure	one number 8:3	2.8 - 3.89 - 99. and the name and address
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer	and address (phone number op., assistant treasurer). CSQ Diuinini- Mi POBOX: 767	ptional) of the treasure	one number 8:3	and the name and address

	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		<u>:_L_L:</u>	
	Li	<u> </u>	<u></u>
	CITY	STATE	ZIP CODE
Title or Position	Telephone numb	ber <u> </u>	
Name of Bank, Dep	nository, etc.		
	Inited Community BANK		
	PO BOX 1050		
L	Po Box 1050		
L	PO BOX 1050		
L	PO BOX 1050 HAYESVILLE	inic)	28904-
Mailing Address	PO BOX 1050 HAYESVILLE CITY	NC STATE	28904-
Mailing Address	PO BOX 1050 HAYESVILLE CITY	NC STATE	2.8.9.0.4 - L
Mailing Address Name of Bank, Dep	PO BOX 1050 HAYESVILLE CITY	NC STATE	2.8.9.0.4 - L
Mailing Address Name of Bank, Dep	PO BOX 1050 HAYESVILLE CITY	NC STATE	2.8.9.0.4 - 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** 11/13/09 **USPS First Class Mail** 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): 11/24/07 DATE PREPARED