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FEC FORM. 1

STATEMENT OF **ORGANIZATION**

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						Office Use Only	
NAME OF COMMITTEE (in full)		Check if name s changed)		nple:If typing, type the lines.	12FÉ4M		EUITI
HAMPITOIN FIG	r co	MGREISE	21 1 1				
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ADDRESS (number and street)	190,	BOX 11	173	 			لببيا
(Check if address is changed)		<u> </u>	111		 		
		T, PLA	I _I N _I S _I		M _I O STATE ▲	16,5,7,7 <u>5</u>) ZIP	- LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL
COMMITTEE'S E-MAIL ADDRE	SS						
(Check if address is changed)	te,r	, r, y, & h,a,	mpto	,n, F,o,r,c,o,n	gresis	5,,,C,O,M,_,	
	Optional	Second E-Mail A	Address				
				'n			
COMMITTEE'S WEB PAGE AD	DRESS (UI	RL)					
(Check if address is changed)	ham	1p, ton F	orcio	ingriessi.	com .	<u> </u>	لسبنا
4	1)	1
		 				- 	
2. DATE 06'((2	014					
3. FEC IDENTIFICATION N	JMBER ▶	C					
4. IS THIS STATEMENT	NEW	(N) OR	A CONTRACTOR	AMENDED (A)			
I certify that I have examined the	his Stateme	ent and to the be	est of my k	nowledge and belief i	t is true, correc	and complete.	,
Type or Print Name of Treasure	TE	RRY HI	amp-	TON			
Signature of Treasurer	Tei	y Vi	inf) &	ler	Date 0	6 11	2014
NOTE: Submission of false, erron			-	ject the person signing			2 U.S.C. §437g.
Office Use Only				For further information Federal Election Commiss Toli Free 800-424-9530 Local 202-694-1100		FEC FC (Revised (

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TYPE OF COMMITTEE	
Candidate Committee:	•
(a) This committee is a principal campaign committee. (Complete the candidate information	on below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ttee. (Complete the candidate
Name of Candidate $T_1E_1R_1R_1Y_1$ $[+_1A_1M_1P_1T_1O_1N_1]$	
Candidate Party Affiliation Office Sought: House Senate Pr	State M. Consideration of the state of the s
(c) This committee supports/opposes only one candidate, and is NOT an authorized com	nmittee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a s committee. (i.e., nonconnected committee)	eparate segregated fund or part
In addition, this committee to 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 procommittees/organizations, at least one of which is an authorized committee of a foderal	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	
2. [FEC ID number	C
3. FEC ID number	C
4.	C

FE	EC Form 1 (Revised	1 02/2009)	Page 3
Write or 1	ype Committee Nar	ne	
	Hamp	ton Fox Congress	
6. Name	of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative,	or Leadership PAC Sponsor
Ш			
Mailing	Address		
			<u> </u>
		CITY STATE	ZIP CODE
Relatio	nship: Connec	ted Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
	ilan of Records: lo and records.	lentify by name, address (prhone number - optional) (prid position of the po	erson in possession of committee
Fuil Na	ame TER	KRY, HAMPITON,	
Mailing	Address	[P10, 180,X, 1,7,7,3, 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
		WEST, PILAILINS MO	657751-
Title o	r Position	CITY STATE	ZIP CODE
LTIR	EASURE	Z Telephone number	
		and address (phone number - optional) of the treasurer of the committee; ., assistant treasurer).	and the name and address of
Full Na of Trea	ame surer TER	RIRIY, IHIAIMIPITIOINI	
Mailing	Address	PO BOX 117.7.3	
		IMESIT, PLAINS, MO	16,57,751-1
Title o	r Position	CITY STATE	. ZIP CODE
ITIR	EASNREI	Z Telephone number	

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Full Name of Designated Agent C ₁ H ₁ U	CK GULLION,		
Mailing Address	[PO BOX 1773	1 1 1 1	
		<u>i </u>	
	WEST PLAINS	J MO STATE	[65,7,7,5]-[] ZIP CODE
Title or Position	TIREASURER Telephone	number	
Banks or Other Deposito safety deposit boxes or ma	orles: List all banks or other depositories in which the comaintains funds.	nmittee deposits	funds, holds accounts, rents
Name of Bank, Depository	; etc.		
WES	ET PLAINS BANK		
Mailing Address	[PO BOX 378		
	WEST, PLALNS	<u>mo</u>	[65,7,75]-
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
L	1 		
Mailing Address			
			<u> </u>
			<u> </u>
	CITY	STATE	ZIP CODE

Jampton for CONCYLESS, COM , SPRINGFIELD MO 656 NORDENDENT! W. PLANNS MO 65775

13 JUN 2014 FM 1 L

FEDERAL ELECTION COMMISSION 999 E STREET NW WASHINGTON DC 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate how		1
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Received from Electronic Filing Office	Date of	Receipt
Other (Specify):	eipt or Po	stmarked
A	6/1	8/14
PREPARER (8/2013)	DATE	REPARED