FEC MAIL CENTER
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FEC	
FORM	•

STATEMENT OF

FORM 1	ORGANIZATION				Office Use Only	
NAME OF COMMITTEE (in	n full)	N M	(Check if name is changed)	Example:If typing, type over the lines.	12FE4MS	
MICIMIDICICI:	151 R10	dge	ICISI WIGIL	Iden Villeton	-141 1C10 M	num; thee I
		1 1 1				
ADDRESS (number and street) PO BION 2485						
(Check if a	ddress		<u> </u>			4 1 1 1 1 1 1 1 1 1
is changed)		Spic	ingfile	211d	VA	1221521-111
				CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	S (Please	e provide only one	e-mail address)		
(Check if	address	laisit	reeman	1150gmail.	COM	
is change		L		_		
COMMITTEE'S WEE	B PAGE ADD	RESS (U	IRL)			
(Ob- a) '(- 4 - 4		1 1 1 1 1		<u> </u>	
(Check if address is changed)						
2. DATE 0.7 0.5 2011						
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
Type or Print Name of Treasurer Robert F. Carl: Signature of Treasurer Date Date Date Robert F. Carl: NOTE: Submission of false arranges of false arranges of submission may subject the parson signing this Statement to the parsoline of 2 U.S.C. 64276.						
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 Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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FEC FC	orm 1 (Hevised 02/2009)
TYPE OF C	COMMITTEE
Candidat	e 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	
Candidate Party Affiliat	Office State Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a (National, State (Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
Spellunderi	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 an line 6.)
Joint Fund	draising Representative:
(g) X	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.	Kathy McMorris Rodgers FEC ID number C00390476
2.	Walden For Congress FEC ID number CD0333427
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name	• · · · · · · · · · · · · · · · · · · ·	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
MonellIII		
	111111111111111111111111111111111111111	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name Rolbie	ert F Garlin	
Mailing Address	PIOI BIOK 241851	
	Ispringfield WA 121	5,2 -
Title or Position	CITY STATE	ZIP CODE
Tirleiaisinirleiri	Telephone number 7,03 - 5	69-19400
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name of Treasurer Rioibie	er F Carlin	
Mailing Address	P19 B01x1 24851 1111	
	SIRICI INGIFICE INDICITY STATE	52 - LILI
Title or Position Tirleiais inirleir	Telephone number 703 - 5	691-191410101

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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.				
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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
	Next Business Day Delivery			
Received from House Records & Registrat	Date of Receipt ion Office			
Received from Senate Public Records Office	Date of Receipt ce			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
h	7/6/11			
PREPARER (3/2005)	DATE PREPARED			