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2003 DEC 12 A 10 19

Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12PB4M5

CHANDLER FOR CONGRESS

ADDRESS (number and street) 975 PISGAH PIKE

☐ (Check if address is changed)

VERSAILLES KY 40383-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

~~CHANDLERFORCONGRESS.ORG~~

MAE@CHANDLERFORCONGRESS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

CHANDLERFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

___-___-___

2. DATE 12 11 2003

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 Mae Girkey

Signature of Treasurer Mae Girkey Date 12 11 2003

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 02/2003)

FE/WW/AF/FCF

5. TYPE OF COMMITTEE (Check One)

(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 of Candidate: A. B. "BEN" CHANDLER, III

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: KY

District: 06

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

Name of Candidate:

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

(e) [ ] This committee is a separate segregated fund.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name
CHANDLER FOR CONGRESS

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: MAE GIRKEY

Mailing Address: 216 DEVILS HOLLOW ROAD

FRANKFORT | KY | 40601

Title or Position ▼: TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 502-223-1462

Full Name of Designated Agent: MARK NICKOLAS

Mailing Address: 110 ARTERBURN DRIVE

LOUISVILLE | KY | 40222

Title or Position ▼: ASS'T TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 502-326-3731

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

REPUBLIC BANK & TRUST COMPANY

Mailing Address 1000 HIGHWAY 676

FRANKFORT KY 40601-4377

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 12-12-03
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PREPARER

12-12-03
DATE PREPARED

(6/2000)