

RECEIVED
SECRETARY OF THE SENATE
PUBLIC

14 JUN -2 PM 3:21

Buckley for Senate
P.O. Box 85
Mathias, WV 26812

May 29, 2014

Secretary of the Senate
Office of Public Records
P.O. Box 77578
Washington, D.C. 20013-7578

ID Number: C00562694

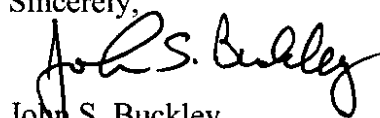
Dear Sir/Madam:

Pursuant to the guidance of an analyst at the Federal Election Commission, Jill Sugarman, to whom I spoke this morning, I am hereby requesting that any future Requests for Additional Information (RFAs) be sent in writing to my address as noted above.

In a separate document enclosed with this mailing, I am submitting a corrected FEC Form 1, noting my name, party affiliation, office sought, and state. This is submitted in response to an RFA signed by FEC analyst Robin Kelly dated May 18, 2014. I was told by Ms. Sugarman that all I needed to do was write in the proper information on my copy of the original Form 1, sign it and date my signature, copy the corrected document, and re-submit it by mail to the Secretary of the Senate, Office of Public Records.

Thank you.

Sincerely,



John S. Buckley
Buckley for Senate.

Enclosure: Corrected FEC Form 1

14020410325

FEC FORM 1

STATEMENT OF ORGANIZATION

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11 JUN -2 PH 3:21

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

BUCKLEY FOR SENATE

ADDRESS (number and street) P. O. Box 85

(Check if address is changed)

MATTHIAS CITY WV 26812 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JOHN@JOHNBUCKLEY.ORG

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

JOHNBUCKLEY.ORG

2. DATE 04 23 2014

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 MICHAEL J. DUFFY

Signature of Treasurer [Signature] Date 05/29/14 04 30 2014

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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5. TYPE OF COMMITTEE

Candidate 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 JOHN S BUCKLEY

Candidate Party Affiliation LIB. Office Sought: House Senate President State WV District _____

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) 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 Fundraising 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.

Committees Participating in Joint Fundraiser

- 1. _____ FEC ID number
- 2. _____ FEC ID number
- 3. _____ FEC ID number
- 4. _____ FEC ID number

14020410327

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

MICHAEL J. DUFFY

Mailing Address

P. O. Box 85

[Empty grid lines for mailing address]

MATHIAS WV 26812

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

[Empty grid lines for 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

MICHAEL J. DUFFY

Mailing Address

P. O. Box 85

[Empty grid lines for mailing address]

MATHIAS WV 26812

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

[Empty grid lines for telephone number]

14020410328

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 4]

[Empty grid for Mailing Address line 5]

[Empty grid for Mailing Address line 6]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

[Empty grid for Telephone number]

[Empty grid for Telephone number]

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.

SUMMIT COMMUNITY BANK

Mailing Address

59 UPPER COVE ROAD

[Empty grid for Mailing Address line 2]

MATHIAS

WV

26812

[Empty grid for Mailing Address line 4]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 4]

[Empty grid for Mailing Address line 5]

[Empty grid for Mailing Address line 6]

CITY

STATE

ZIP CODE

14020410329

Buckley for Senate
P.O. Box 85
Mathias, WV 26812

INC VA
VA 220
29 MAY '14
PM 2 L

NO RETURN ADDRESS, FOLD AT DOTTED LINE
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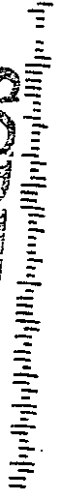
UNITED STATES POSTAGE
02 1P
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0001781505 MAY 29 2014
MAILED FROM ZIP CODE 26812

**RETURN RECEIPT
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*SECRETARY OF THE SENATE
OFFICE OF PUBLIC RECORDS
P.O. box 77578
WASHINGTON, DC 20013-6003*

5/3
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NANCY ERICKSON
SECRETARY

DANA K. MCALLUM
SUPERINTENDENT
MAIL MAIL OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7111
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____ Date of Receipt

USPS FIRST CLASS MAIL _____ Postmark

USPS REGISTERED/CERTIFIED _____ Postmark **5-29-14**

USPS PRIORITY MAIL _____ Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____ Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____ Date of Receipt

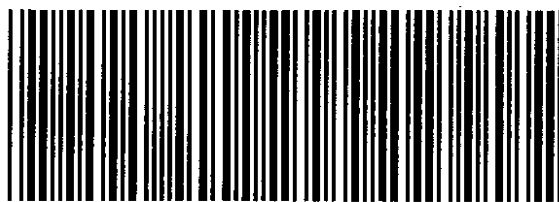
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____ Date of Receipt

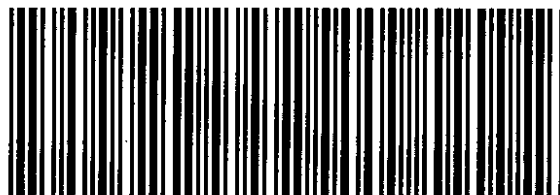
OTHER _____ Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **6-2-14**

14020410331



SEN PATCH



SEN PATCH

14020410332