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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4MS

Herzog Contracting Corp. Political Action Committee

ADDRESS (number and street)

122 C Street NW Suite 850

(Check if address
is changed)

Washington

DC

20001

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

adam.nordstrom@ching.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-639-1045

2. DATE

10 28 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

Alan Landes

Signature of Treasurer

Alan Landes

Date

10 30 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 800-426-8590
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Affiliation Office Sought: House Senate President State District

- (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

Herzog Contracting Corp. _____

Mailing Address P.O. Box 1089 _____

St. Joseph MO 64502 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Connected _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 Adam E. Nordstrom

Mailing Address 122 C Street NW Suite 850
Washington DC 20001

Title or Position Assistant Treasurer CITY DC STATE DC ZIP CODE 20001

Telephone number 202 - 638 - 7790

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 Alan Landes

Mailing Address P.O. Box 1089
St. Joseph MO 64502

Title or Position Treasurer CITY MO STATE MO ZIP CODE 64502

Telephone number 816 - 233 - 8216

Full Name of Designated Agent Adam E. Nordstrom

Mailing Address 122 C Street NW Suite 850
Washington DC 20001

Title or Position Assistant Treasurer CITY DC STATE DC ZIP CODE 20001

Telephone number 202 - 638 - 7790

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, or has safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M&T Bank

Mailing Address: 555 12th St. NW

Washington DC 20004

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.

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