

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Alexander For Congress 2002

ADDRESS (number and street)

207 East 14th Street, Suite B

(Check if address
is changed)

Hopkinsville, Kentucky 42240

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kilpatrickalexanderforcongress2002.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.kilpatrickalexanderforcongress2002.com

2. DATE

05 31 2001

3. FEC IDENTIFICATION NUMBER ▶

To Be Assigned

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

^{Assistant}
Klint Alexander

Signature of Treasurer

^{Assistant}
Klint Alexander

Date

05 31 2001

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 1/01)

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 Kliment Alexander

Candidate Party Affiliation Dem Rep Ind Other

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

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

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 Bridgette Francis
 Mailing Address 271 Stratfield Drive
Louisville KY 40271
 Title or Position Custodian of Records CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 270-753-1932

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 Gabe Watkins
 Mailing Address 630 Center Street
Madison KY 42420
 Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number

Full Name of Designated Agent Kristina M Alexander
 Mailing Address 152 Alumni Avenue
Hopkinsville KY 42240
 Title or Position Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 270-885-1618

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.

Firststar Bank

Mailing Address

14159 Ft Campbell Blvd

Memphis TN 38120

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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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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