



cheryl@baswellguthrieforcongress.com on 04/14/2008 03:42:15 PM

To: 2022190174@fcc.gov
cc: ALJ@wallacejordan.com, cabaswell@aol.com

Subject: Amended FEC Forms 1 and 2

To Whom It May Concern:

I received today my committee number and candidate number. Enclosed are time-stamped copies of the original FEC forms 1 and 2 filed April 8, 2008, and amended FEC Forms 1 and Form 2 including the committee and candidate numbers. If any additional information is needed, please feel free to contact me at 256-783-8828.

Cheryl Baswell Guthrie
Committee to Elect Cheryl Baswell Guthrie to Congress



FEC 1 04.14.08.pdf FEC 2 04.14.08.pdf

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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. 12FE4M5

COMMITTEE TO ELECT CHERYL BASWELL GUTHRIE TO CONGRESS

ADDRESS (number and street) 3300 WESTMILL DRIVE SW

(Check if address is changed)

HUNTSVILLE AL 35805

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CHERYL@BASWELLGUTHRIEFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

BASWELLGUTHRIEFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

256-539-0652

2. DATE 04 14 2008

3. FEC IDENTIFICATION NUMBER C 00448357

4. IS THIS STATEMENT NEW (N) OR X 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 BRANDON HARGROVE

Signature of Treasurer



Date 04 14 2008

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 12/2007)

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 CHERYL BASWELL GUTHRIE

Candidate Party Affiliation REP Office Sought: House Senate President State AL District 05

- (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

- (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 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 C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C
5. _____ FEC ID number C

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Write or Type Committee Name

COMMITTEE TO ELECT CHERYL BASWELL GUTHRIE TO CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

- Connected Organization
- Affiliated Committee
- Leadership PAC Sponsor
- Joint Fundraising Representative

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

TIM SMALLEY

Mailing Address

237 JOHNSTON STREET SE
DECATUR AL 35601

CITY

STATE

ZIP CODE

Title or Position

CHAIRMAN

Telephone number

256-353-1611

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

BRANDON HARGROVE

Mailing Address

3300 WESTMILL DRIVE S.W.
HUNTSVILLE AL 35805

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

256-337-8501

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]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

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.

COMPASS BANK

Mailing Address

114 GOVERNORS DRIVE

HUNTSVILLE

AL

35801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039683032

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-mail* Date of Receipt or Postmarked
4/14/08

[Signature] *4/14/08*
 PREPARER DATE PREPARED

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