

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

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

ADDRESS (Number and street) PO Box 510525  
 (Check if address is changed) St Louis MO 63151  
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
 kirk@joanbarryincongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 www.joanbarryincongress.com

COMMITTEE'S FAX NUMBER

2. DATE 10 / 26 / 2003

3. FEC IDENTIFICATION NUMBER C C00386730

4. IS THIS STATEMENT X 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 Mr. Kirk Benjamin

Signature of Treasurer Electronically Filed by Mr. Kirk Benjamin Date 10 / 26 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 Joan Barry

Candidate Party Affiliation **DEM** Office Sought:  House  Senate  President State **MO** District **09**

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

Write or Type Committee Name

Joan Barry in Congress Committee

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 Mr. Kirk Benjamin

Mailing Address 2857 Woodbridge Estates Drive

Title or Position ▼ St Louis CITY ▲ MO STATE ▲ 63129 ZIP CODE ▲
Treasurer Telephone number 314 - 293 - 1193

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 Mr. Kirk Benjamin

Mailing Address 2857 Woodbridge Estates Drive

Title or Position ▼ St Louis CITY ▲ MO STATE ▲ 63129 ZIP CODE ▲
Treasurer Telephone number 314 - 293 - 1193

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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.

Midwest BankCentre

Mailing Address

2191 Lemay Ferry Road

St Louis

MO

63125 -

CITY Δ

STATE Δ

ZIP CODE Δ