

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 23 11 59 AM '97

1. (a) NAME OF COMMITTEE IN FULL Cremins for 98	☐ (Check if name is changed)	2. DATE 10/11/97
(b) Number and Street Address 2796 State Rt. 7 North	☐ (Check if address is changed)	3. FEC Identification Number 31-1567026
(c) City, State and ZIP Code Gallipolis, Ohio 45631		4. Is This Report An Amendment? ☐ YES ☒ NO

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
Frank A. Cremins | Candidate Party Affiliation
Republican | Office Sought
U.S. House | State/District
OH/Sixth |
|---------------------------------------|---|-----------------------------|----------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position
Sharon Beebe	P.O. Box 632, Gallipolis, OH 45631	Secretary

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	Mailing Address	Title or Position
Steven B. Chapman	P.O. Box 632, Gallipolis, Oh 45631	Treasurer
Sharon Beebe	P.O. Box 632, Gallipolis, Oh 45631	Assistant Treasurer

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.	Mailing Address and ZIP Code
Peoples Banking & Trust Company	352 Second Ave., Gallipolis, Ohio 45631

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 Steven B. Chapman	SIGNATURE OF TREASURER 	DATE 10/11/97
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEGAN053

FEC FORM 1
(revised 4/87)

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.

☐ Hand Delivered	Date of Receipt
☒ First Class Mail	POSTMARKED <i>10-17-97</i>
☐ Registered/Certified Mail	POSTMARKED
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	
<i>Sed</i> PREPARER	<i>10-23-97</i> DATE PREPARED