

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEDERAL MAIL CENTER

2007 FEB -2 AM 9:58 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12PE4M5

~~COMMITTEE FOR DAVID MORAN~~  
DAVID MORAN CAMPAIGN

ADDRESS (number and street)

RR1 BOX 20

(Check if address is changed)

AURORA

WV

26705

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

TREASURER@DAVIDMORAN.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

DAVIDMORAN.ORG

COMMITTEE'S FAX NUMBER

304-735-6128

2. DATE

MM DD YYYY  
01 01 2007

3. FEC IDENTIFICATION NUMBER ▶

C00428847

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

Michele O'Connor

Signature of Treasurer

Michele O'Connor

Date

01 26 2007

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 02/2003)

27033373062

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 DAVID MORAN

Candidate Party Affiliation IND 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

NONE

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

DAVID MORAN CAMPAIGN

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 MICHELE O'CONNOR

Mailing Address RR 1 Box 20

AURORA WV 26705

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 304-735-3705

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 MICHELE O'CONNOR

Mailing Address RR 1 Box 20

AURORA WV 26705

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 304-735-3705

Full Name of Designated Agent DAVID MORAN

Mailing Address RR 1 Box 3352, PO Box 7

EGUON WV 26716

Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 304-735-6413

2704167

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.

Routing # 052100987  
Acct # 009600985

Name of Bank, Depository, etc.

FIRST UNITED BANK AND TRUST

Mailing Address

119 S 2ND STREET

OAKLAND

MD

21550

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

~~NONE~~

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**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.

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USPS First Class Mail Postmarked  
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USPS Priority Mail Postmarked  
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Postmark Illegible

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): Date of Receipt or Postmarked

 2/2/07  
**PREPARER** **DATE PREPARED**

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