

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2007 APR 16 PM 9:31

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

KENNEDY FOR CONGRESS

ADDRESS (number and street)

303 N BROADWAY

(Check if address
is changed)

SUITE 704

BILLINGS

MT

59101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BILL.KENNEDY2008.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.KENNEDY2008.COM

COMMITTEE'S FAX NUMBER

706-245-0840

2. DATE

04 13 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

Barb Skelton

Signature of Treasurer

Barb Skelton

Date

04 12 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)

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 WILLIAM T. KENNEDY

Candidate Party Affiliation DEM Office Sought: House Senate President State RT District AL

- (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

27039422099

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 ROBBIE CARPENTER

Mailing Address 303 N BROADWAY
SUITE 704
BILLINGS MT 59101

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

COMPLIANCE DIRECTOR Telephone number _____

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 Barbara B SKELTON

Mailing Address 7256 US HWY 3
BILLINGS MT 59106

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 404-295-4074

Full Name of Designated Agent ROBBIE CARPENTER

Mailing Address 303 N BROADWAY
SUITE 704
BILLINGS MT 59101

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

COMPLIANCE DIRECTOR Telephone number 406-672-8066

27039422100

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.

YELLOWSTONE BANK

Mailing Address

12 FIRST AVENUE

LAUREL

MT

59044

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039422101

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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Fedex *4/13/07*
 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

SES
 PREPARER
 (3/2005)

4/16/07
 DATE PREPARED

27039422102