

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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OPERATIONS CENTER

2006 AUG 23 P 2:06

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

JOY PADGETT FOR CONGRESS

ADDRESS (number and street)

871 WALNUT STREET

(Check if address is changed)

COSHOCOTON OH 43812

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

joypadgett@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JOYPADGETT.COM

COMMITTEE'S FAX NUMBER

740-622-7949

2. DATE

08 21 2006

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

Natalie K. Baur

Signature of Treasurer

Natalie K. Baur

Date

08 21 2006

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)

26039172135

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 JOY PADGETT

Candidate Party Affiliation REP Office Sought: House Senate President State OH District 18

- (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

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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 NATALIE K BAUR

Mailing Address 9856 ARCHER LN
DUBLIN OH 43017

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 614-766-9073

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 NATALIE K BAUR

Mailing Address 9856 ARCHER LN
DUBLIN OH 43017

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 614-766-9073

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

26039172157

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.

HOME LOAN AND SAVINGS

Mailing Address

401 MAIN ST

COSHINGTON OH 43812

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Overnight Delivery Service (Specify): Shipping Date
UPS *8/22/06*
 Next Business Day Delivery

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JL
 PREPARER

8/23/06
 DATE PREPARED

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