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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	_		~11 0 11			
		(See instruction	ns)			Office use only
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)	Example: If over the line	typying, type es	12FE4M5	
Roberts For	Congress					
ADDRESS (number an	d street)	3ox 437046				
(Check if addissing the changed)						
is changed)	Loui	sville		Щ	[KY]	40253 7046
COMMITTEE'S E-M	AU ADDRESS		CITY		STATE	ZIP CODE ▲
	ngress@gmail.cor	n				ı
	7 1 1 7 1 1 1					
					шш	
COMMITTEE'S WEI	B PAGE ADDRESS (U	JRL)				
www.erwinro	obertsforcongress	.com				
COMMITTEE'S FAX 5026278754 2. DATE M 0	M / D D / Y					
3. FEC IDENTIFIC	ATION NUMBER		C C004353	39		
4. IS THIS STATE	MENT X NEV	V (N) OR	A	MENDED (A)		
I certify that I have example	mined this Statement and	d to the best of my kno	wledge and belief	it is true, correct a	nd complete	
Type or Print Name of	of Treasurer	William Crosby				
Signature of Treasure	er Electronically File	ed by William C	rosby		Date 0,7	26 2007
NOTE: Submission of		nplete information ma		0 0		ulties of 2 U.S.C. S437g.
Office Use Only			Federa Toll Fr	rther information al Election Commis ee 800-424-9530 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)				
	(a) X 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 car information below.)	ıdidate			
	Name of Erwin Roberts Candidate				
	Party Affiliation REP Sought: X House Senate President	State KY District 3			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate				
	(Mational, State (Demotion of the Reputation of	nocratic, ublican,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 function committee.	l or party			
6.	Name of Any Connected Organization or Affiliated Committee				
1	None	.			
- 					
_	Mailler Address				
	Mailing Address L				
		. 1 1 1			
	CITY▲ STATE▲ ZI	P CODE A			
	Relationship				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organization	1			
	Membership Organization Trade Association Cooperative				

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Write or Type Comr	mittee Name							
Roberts For	Congress							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name	Full Name Miss Stephanie Boswell							
Mailing Address		10046 Willow Brook Ci	rcle					
		Louisville		<u>′</u> _	40223	5390		
Title or Position	▼	CITY A	STAT	EA	ZIP CO	DE A		
	Custodian of Reco	ords	Telephone number	502		5842		
Full Name of Treasurer Mailing Address	dress of any designat	ress (phone number optionated agent (e.g., assistant treast, III 303 Heritage Hill Trail	surer).					
		Louisville	K	<u>'</u> _	40223 _	5553		
Title or Position ♥		CITY A	STAT	STATE ▲		ZIP CODE ▲		
	Treasurer		Telephone number	502				
						5180		
Full Name of Designated Agent	Lance Kohler					5180		
Designated	Lance Kohler	12202 Hideaway Court				5180		
Designated Agent	Lance Kohler	12202 Hideaway Court Louisville		<u></u>	40245			
Designated Agent			K\		40245 - ZIP COI	1799		

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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.

