

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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Office use only

1. NAME OF COMMITTEE (in full)

checkbox

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

EnviRes LLC PAC

ADDRESS (number and street)

2704 Old Rosebud Drive, Suite 120

checkbox

(Check if address is changed)

Lexington

KY

40509

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

meadows@dtxoil.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8592548193

2. DATE

MM/DD/YYYY 07/24/2007

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

checkbox X

NEW (N)

OR

checkbox

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

Daniel P. French

Signature of Treasurer

[Handwritten signature]

Date

MM/DD/YYYY 07/24/2007

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

Table with 5 columns, 'Office Use Only' in first column.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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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 \_\_\_\_\_

Candidate Party Affiliation  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

Envires LLC \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_ 2704 Old Rosebud Drive, Suite 120 \_\_\_\_\_

\_\_\_\_\_

Lexington KY 40509 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_ connected organizati \_\_\_\_\_

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

**EnvlRes LLC PAC**

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 Daniel P. French

Mailing Address 2704 Old Rosebud Drive, Suite 120

Lexington KY 40509

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Treasurer**

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 Daniel P. French

Mailing Address 2704 Old Rosebud Drive, Suite 120

Lexington KY 40509

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Treasurer**

Telephone number 859 - 543 - 0611

Full Name of Designated Agent Darrell D. Brock, Jr.

Mailing Address 2704 Old Rosebud Drive, Suite 120

Lexington KY 40509

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Chairperson**

Telephone number 859 - 543 - 0611

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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.

Town Square Bank

Mailing Address

150 South Main Street

Nicholasville KY 40356 -

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>JmW</i> PREPARER	<i>7/30/07</i> DATE PREPARED
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