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# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines 12FE4M5

CallaghanforCongress.com

ADDRESS (number and street) PO Box 3002

(Check if address is changed) Charleston WV 25331

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
mike@mikewv.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.callaghanforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	5

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  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 Stephen O Callaghan

Signature of Treasurer Electronically Filed by Stephen O Callaghan Date 

M	M	/	D	D	/	Y	Y	Y	Y

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

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)

25038932206

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

DEM

Office Sought:

House

Senate

President

State

WV

District

02

- (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

25038932207

Write or Type Committee Name

CallaghanforCongress.com

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 Stephen O Callaghan

Mailing Address PO Box 3002

Charleston WV 25331

Title or Position CITY STATE ZIP CODE

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 Stephen O Callaghan

Mailing Address PO Box 3002

Charleston WV 25331

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

25038932208

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.

Bank One

Mailing Address

1625 Washington St East

Charleston

WV

25311

CITY Δ

STATE Δ

ZIP CODE Δ

25038932209

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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<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

*fel*  
 PREPARER

*12/5/05*  
 DATE PREPARED

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