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2001 DEC 27 A 10:21

November 26, 2001

Federal Election Commission
Attn: Julie Perry
999 E. Street, NW
Washington, DC 20463

Re: CUREPAC
ID #: C00369843

The above named organization received your letter in regard to the preliminary review of the Statement of Organization, dated November 14th, copy enclosed, please be aware that an amended copy showing Line 6 as None is enclosed.

If you have any questions in regard to the above please feel free to contact me.

Very truly yours,


Michael A. Wertheim, CPA
Treasurer of CUREPAC



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

Michael A. Wertheim, Treasurer
CUREPAC
P.O. Box 3252
Louisville, KY 40202

NOV 14 2001

Identification Number: C00369843

Reference: Statement of Organization, received 10/22/01

Dear Mr. Wertheim:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file responses and amendments in an electronic format. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Julie Perry
Reports Analyst
Reports Analysis Division

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AMENDED

**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.

12FE4MS

C O R R E P A C

ADDRESS (number and street)

P O B O X 3 2 5 2

(Check if address
is changed)

L O U I S V I L L E

K Y

4 0 2 0 2

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

A M Y E H A Y E S @ C O R R E P A C . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

C O R R E P A C . C O M

2. DATE

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

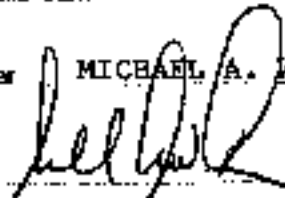
AMENDED (A)

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

MICHAEL A. WERTHEIM

Signature of Treasurer



Date

10 16 2001

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

FEC FORM 1
(Revised 1/01)

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
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- (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

NONE _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

CUREPAC

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 TREASURER

Mailing Address _____

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 MICHAEL A WERTHEIM

Mailing Address 730 W MARKET STREET SUITE 200

LOUISVILLE KY 40202

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C P A Telephone number 502-585-3251

Full Name of Designated Agent ROY C HOAGLAND III

Mailing Address 730 W MARKET STREET SUITE 200

LOUISVILLE KY 40202

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C P A Telephone number 502-585-3251

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.

NATIONAL CITY BANK

Mailing Address

101 SOUTH FIFTH STREET

LOUISVILLE KY 40202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

