

**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

**Badnarik/Campagna 2004**

ADDRESS (Home or street) **6633 Hwy 290 East #100**

(Check if address is changed) **Austin TX 78723**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

**opmgr@badnarik.org**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**www.badnarik.org**

COMMITTEE'S FAX NUMBER

**5124197029**

2. DATE **08 / 19 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00384966**

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 **Deryl Martin**

Signature of Treasurer Electronically Filed by Deryl Martin Date **08 / 20 / 2004**

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

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 Michael Badnarik

Candidate Party Affiliation **LBT** 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

\_\_\_\_\_  
\_\_\_\_\_

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

**Badnarik/Campagna 2004**

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 **Geoffrey Neale**

Mailing Address **6633 Hwy 290 East #100**

**Austin TX 78723**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Operations Manager Telephone number 512 - 637 - 6860**

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 **Deryl Martin**

Mailing Address **11734 Fox Hills Road**

**Baxter TN 38544**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Treasurer Telephone number 931 - 858 - 0915**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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.

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY Δ STATE Δ ZIP CODE Δ