

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|  |  |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><i>James Edom for Congress</i> | 2. DATE<br><i>2/29/2000</i>  |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><i>P.O. Box 6662</i>           | 3. FEC Identification Number<br><i>C00354228</i>   |
| (c) City, State and ZIP Code<br><i>Lawton, OK 73506</i>  | 4. Is This Report An Amendment?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
|   |                              |              |

Type of Connected Organization

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

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 | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
|           |                 |                   |

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           | Mailing Address                                | Title or Position          |
|---------------------|--|----------------------------|
| <i>Judy D. Edom</i> | <i>7506 Greenstreet Lane, Lawton, OK 73505</i> | <i>Assistant Treasurer</i> |

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 and ZIP Code             |
|--------------------------------|--|
| <i>City National Bank</i>      | <i>5th &amp; D Ave, Lawton, OK 73502</i> |

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<br><i>Ashleigh Berry</i> | SIGNATURE OF TREASURER<br><i>Ashleigh Berry</i> | DATE<br><i>2/29/2000</i> |
|--|---|--------------------------|

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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
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The Commission has added this page to the end of this filing to indicate how it was received.

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*Sej*  
PREPARER

3-10-00  
DATE PREPARED