

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2006 FEB 14 P 1:17
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CARLSON FOR CONGRESS

ADDRESS (number and street)

211 ERSKINE



(Check if address
is changed)

DANVILLE

KY

40423

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

elaine@carlsonforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

carlsonforcongress.org

COMMITTEE'S FAX NUMBER

859 - 238 - 7877

2. DATE

02

13

2006

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 BURTON O. CARLSON II

Signature of Treasurer

Burton Carlson II

Date

02

13

2006

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
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Only

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

FEC FORM 1
(Revised 02/2003)

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

ELAINE SUE CARLSON

Candidate Party Affiliation

REP

Office Sought:



House



Senate



President

State

KY

District

06

- (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

CARLSON FOR CONGRESS

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 BURTON OLIVER CARLSON II

Mailing Address 211 ERSKINE

DANVILLE KY 40422-_____-_____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 859-238-7921

Full Name of Designated Agent LOUIS E. BRECKEL

Mailing Address 313 CAPITOL AVENUE

FRANKFORT KY 40601-_____-_____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number 502-875-2199

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
Mailing Address 121 SOUTH FOURTH STREET
DANVILLE KY 40422
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address
CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
	2/13/06
PREPARER	DATE PREPARED

(3/2005)

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