

FEC FORM 1

STATEMENT OF ORGANIZATION

UNITED STATES FEDERAL ELECTION COMMISSION OPERATIONS CENTER

FORM OCT 12 P 12:04 Office Use Only

1. NAME OF COMMITTEE (as full) (Check if name is changed) Example: If typing, type over the lines 123456

TOM BARLOW FOR CONGRESS

ADDRESS (number and street) 145 Indiana St. D.R.

(Check if address is changed)

PADUCAH KY 42001

CITY

STATE

ZIP CODE

COMMITTEE'S EMAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 10 2004

3. FEC IDENTIFICATION NUMBER

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 JOHN L. DAVIS

Signature of Treasurer [Signature] Date 10 10 2004

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.

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 TOM PARLON

Candidate Party Affiliation: DEM Office Sought: House Senate President State: NY District: 01

- (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

TOM BARLOW FOR CONGRESS

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and reports.

Full Name TOM BARLOW

Mailing Address 165 Edgewood DR

PADUCAH KY 40301

Title or Position CITY STATE ZIP CODE

ICANN/DATIS Telephone number 202-442-7256

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 DONALD L. DAVIS

Mailing Address 820 WASHINGTON ST

PADUCAH KY 40303

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 202-444-4381

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

Telephone number

8. **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.

PANAMA BANK

Mailing Address

515 TREFEIRIN ST

PANAMA CITY Ky 40302

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JA</i> PREPARER (5/2004)	10-12-04 DATE PREPARED