

2002 APR 10 A 9 43

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

Friends of Jeff Ellington

ADDRESS (number and street)

680 W. Thatt Rd.

(Check if address
is changed)

Bloomington

IN

47403

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jeff@bluemarble.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jeffellington.com

2. DATE

04 02 2002

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

Stephen R Miller

Signature of Treasurer

Date

04 02 2002

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

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 Jeff Ellington

Candidate Party Affiliation: REP Office Sought: House Senate President State: IN District: 09

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate Jeff Ellington

(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

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 Jeff Ellington
 Mailing Address 680 W. That Rd.
Bloomington IN 47403
 Title or Position CITY STATE ZIP CODE

Candidate Telephone number 812 824 4388

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 Stephen R. Miller
 Mailing Address Graham Plaza
Bloomington IN 47404
 Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 812 332 0557

Full Name of Designated Agent Jeff Ellington
 Mailing Address 680 W. That Rd.
Bloomington IN 47403
 Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 812 824 4388

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.

Monroe County Bank

Mailing Address

210 E. Kirkwood Av.

Bloomington

IN

47401

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 Commission has added this page to the end of this filing to indicate how it was received.

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