

National Headquarters



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January 29, 1996

Federal Election Commission
999 E Street NW
Washington, DC 20463

Dear Sirs:

Enclosed with this letter is the original Statement of Organization for the filing of a new Committee affiliated with the Alan Keyes for President '96 committee.

Authorization has been given to:

Alan Keyes For President '96
Kentucky Affiliate
2335 Buttermilk Crossing #303
Crescent Springs, KY 41017
Treasurer - John Shelton

Please send your acknowledgement directly to the affiliated Committee. Thank you!

Sincerely,


Bonnie J. Mabon
Technical Assistant

JAN 30 11 23 AM '96

FEDERAL ELECTION COMMISSION
WASHINGTON, DC 20543

26030194314

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION
 RECEIVED
 JAN 30 11 23 AM '96

| | |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>Alan Keyes for President '96 Kentucky Affiliate</i> | 2. DATE <i>1/15/96</i> |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <i>2335 Buttermilk Crossing #303</i> | 3. FEC Identification Number |
| (c) City, State and ZIP Code <i>Crescent Springs, KY 41017</i> | 4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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 <i>Alan Keyes</i> | Candidate Party Affiliation <i>Republican</i> | Office Sought <i>President</i> | State/District <i>USA</i> |
|--|--|-----------------------------------|------------------------------|

(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 |
|---|---|-------------------|
| <i>Alan Keyes for President '96</i> | <i>National Field Office P.O. Box 9276 Brooks, OR 97305</i> | <i>Affiliated</i> |

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 |
|-------------------|---|-------------------|
| <i>Robert Hay</i> | <i>14 Shevardook Dr, Florence, KY 40122</i> | <i>Chairman</i> |

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>John Alvin Shelton</i> | <i>6338 Clatswood Dr, Burlington, KY 41005</i> | <i>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>Bank One</i> | <i>3414 Dixie Hwy, Erlanger, Ky 41018</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 | SIGNATURE OF TREASURER | DATE |
|---------------------------------|------------------------|----------------|
| <i>John Shelton</i> | <i>[Signature]</i> | <i>1/15/96</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.

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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.

Hand Delivered

DATE OF RECEIPT

1-30-96

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and Registration

DATE OF RECEIPT

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Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMN
PREPARER

1-30-96
DATE PREPARED

2 5 0 3 0 1 9 4 3 1 6