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**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.

12FE4MS

Joe Fowlkes for Congress

ADDRESS (number and street)

109 West Madison Street

(Check if address
is changed)

Pulaski

TN

38478

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07

16

2001

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

Judy Mitchell

Signature of Treasurer

Date

07

25

2001

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 Joe Fowlkes

Candidate Party Affiliation DEM Office Sought: House Senate President State TN District 04

- (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

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 Judy Mitchell

Mailing Address 512 West Woodring Street

Pulaski, TN 38478

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 931-363-3895

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 Judy Mitchell

Mailing Address 512 West Woodring Street

Pulaski, TN 38478

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 931-363-3895

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Community Bank

Mailing Address

P.O. Box 348.

Pulaski

TN

38478

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

First National Bank

Mailing Address

P.O. Box 289

Pulaski

TN

38478

CITY ▲

STATE ▲

ZIP CODE ▲

