

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION
JUL 27 AM 9:21

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.2em; font-family: cursive;">GRAHAM For Senate</div>	2. DATE <div style="font-size: 1.2em; font-family: cursive;">July 20, 2006</div>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <div style="font-size: 1.2em; font-family: cursive;">PO Box 1 on 199 WATERLOA HWY</div>	3. FEC Identification Number
(c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">WATERLOO NY 13601</div>	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 | Candidate Party Affiliation | Office Sought | State/District |
| | | | |
- (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.

5. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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
TREASURER		

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
Tobi Newcombe	760 County Rt 24 Gouverneur NY 13642	TREASURER

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
HSBC	120 Washington St, Watertown NY 13601 Acct # 400329404

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 <div style="font-size: 1.2em; font-family: cursive;">Tobi Newcombe</div>	SIGNATURE OF TREASURER <div style="font-size: 1.2em; font-family: cursive;">Tobi Newcombe</div>	DATE
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-218-3420

FE8AN044

FEC FORM 1

(revised 4/87)

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

 HAND DELIVERED _____
Date of Receipt

 FAX (48-HOUR NOTICES) _____
Date of Receipt

 INSIDE MAIL _____
Date of Receipt

 **RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER** _____
Date of Receipt

 **RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

FIRST CLASS MAIL 7/24/00
Postmarked

 REGISTERED/CERTIFIED MAIL _____
Postmarked

 NO POSTMARK **POSTMARK ILLEGIBLE**

 OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS

Postmark and/or Date of Receipt

RD 7/27/00
Preparer Date Prepared