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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FB4MS

RUTHERFORD COUNTY VOLUNTEERS FOR KERRY EDWARDS

ADDRESS (number and street) 1087 OLD SALBAM ROAD

(Check if address is changed) MURFREESBORO TN 37129  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
RCVKE@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
RCVKE.4F.COM

COMMITTEE'S FAX NUMBER

2. DATE 10 07 2004

3. FEC IDENTIFICATION NUMBER 000403845

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 MAUREEN McMULLEN

Signature of Treasurer *Maureen McMullen* Date 10 07 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5427.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 90 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: JOHN F. KERRY

Candidate Party Affiliation: DEM      Office Sought: HOUSE      Senate  President       State: \_\_\_\_\_ District: \_\_\_\_\_

- (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      Occasional

Write or Type Committee Name

RUTHERFORD COUNTY VOLUNTEERS FOR KERRY/EDWARDS

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 MAUREEN M. MULLEN

Mailing Address 11087 OLD SALEM RD.  
MURFREESBORO TN 37127

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 615-894-0220

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 MAUREEN M. MULLEN

Mailing Address 540 E. LYFLE ST.  
MURFREESBORO TN 37130

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 615-896-1093

Full Name of Designated Agent KATHLEEN FERRIS

Mailing Address 3010 E. COMPTON RD.  
MURFREESBORO TN 37130

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 615-896-1042

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.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                       |
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| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
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| <input type="checkbox"/> USPS Express Mail                                 | Postmarked  |
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| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date   |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                       |
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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                         |
| AMU<br>PREPARER  | 10-13-04<br>DATE PREPARED                             |