

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

LYNDON BODE FOR CONGRESS COMMITTEE

ADDRESS (number and street)

16950 COUNTY ROAD #263



(Check if address
is changed)

PALMYRA

MO

63461-13610

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

L.BODEFORCONGRESS@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

LYNDONBODEFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

573-221-6796

2. DATE

01 / 16 / 2008

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

JOHN R CORMIER

Signature of Treasurer

John R. Cormier

Date

01 / 16 / 2008

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
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

LYNDON BODE FOR CONGRESS COMM,

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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

LYNDON BODE

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

MO

District

9

- (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

N/A

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

LYNDON BODE FOR CONGRESS COMMITTEE

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 LYNDON BODE

Mailing Address 6950 COUNTY ROAD #263

PALMYRA MO 63461-3610

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CANDIDATE

Telephone number 573-221-6796

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 JOHN CORMIER

Mailing Address 13276 CEDAR LOVE PLACE

NEW LONDON MO 63459-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number - - -

Full Name of Designated Agent

Mailing Address

N/A

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - - -

28039602377

LYNDON BODÉ FOR CONGRESS COMMITTEE

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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.

BANK OF HANNIBAL

Mailing Address

P.O. BOX 150

HANNIBAL MA 63401

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

N/A

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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28039602379

JMP
PREPARER
(3/2005)

1/28/08
DATE PREPARED