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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. 12FE4M5

BROCK HILL CAMPAIGN

ADDRESS (number and street) PO BOX 546

(Check if address is changed) CROSSVILLE TN 38557

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS hillb@charter.net

COMMITTEE'S WEB PAGE ADDRESS (URL) www.brockhillforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE 11/26/2003

3. FEC IDENTIFICATION NUMBER

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 JO SHADDEN BOLIN

Signature of Treasurer Jo Shadden Bolin Date 11/25/2003

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.

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 BRACK HILL

Candidate Party Affiliation REP. 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 PATRICIA H WEBB
 Mailing Address 5250 VIRGINIA WAY
SUITE 220
BRENTWOOD | TN 37027
 Title or Position CITY STATE ZIP CODE
ASST TREASURER | Telephone number (615)-373-3388

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 JO SHADDEN BOLIN
 Mailing Address 83 SMOE ROAD
CROSSVILLE | TN 38521
 Title or Position CITY STATE ZIP CODE
TREASURER | Telephone number (631)-788-1692

Full Name of Designated Agent PATRICIA H WEBB
 Mailing Address 5250 VIRGINIA WAY
SUITE 220
BRENTWOOD | TN 37027
 Title or Position CITY STATE ZIP CODE
ASST TREASURER | Telephone number (615)-373-3388

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.

FRANKLIN NATIONAL BANK

Mailing Address

230 PUBLIC SQUARE

FRANKLIN

IN

47304

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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