

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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2000 OCT 11 P 12:50

1. (a) NAME OF COMMITTEE IN FULL EMPOWER PEOPLE PAC	☐ (Check if name is changed)	2. DATE 10-1-00
(b) Number and Street Address P.O. BOX 580	☐ (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code LUCASVILLE, OH 45648		4. Is This Report An Amendment? ☐ YES ☒ 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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
TED STRICKLAND FOR CONGRESS	P.O. BOX 580 LUCASVILLE, OH 45648	AFFILIATED

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
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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
FRANCES STRICKLAND	P.O. BOX 580, LUCASVILLE, OH 45648	TREASURER
JUDY NEWMAN	735 COOK ROAD, LUCASVILLE, OH 45648	ASS'T TREAS.

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
FIFTH THIRD BANK	500 CHILLICOTHE ST. PORTSMOUTH, OH 45662

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 FRANCES STRICKLAND	SIGNATURE OF TREASURER <i>Frances Strickland</i>	DATE 10/6/2000
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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 202-694-1100

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FEC FORM 1
(revised 4/87)

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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