

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM
2002 MAR 26 A 11:26

Office Use Only

1. NAME OF
COMMITTEE (or full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4MS

BUCKLEY02

ADDRESS (number and street)

71 DEWEY STREET

(Check if address
is changed)

ASHLAND

OR

97530

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PETER@BUCKLEY02.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.BUCKLEY02.COM

2. DATE

03 14 2002

3. FEC IDENTIFICATION NUMBER ▶

TO BE DETERMINED

C

4. IS THIS STATEMENT

X

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

GREGORY J. LAYTON

Signature of Treasurer

Date

03 14 2002

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
Use
Only

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

FEC FORM 1
(Revised 1/01)

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 PETER BUCKLEY

Candidate Party Affiliation DEM Office Sought: House Senate President State OR District 02

- (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 GREGORY J LAYTON

Mailing Address 525 A STREET
SUITE 2
ASHLAND OR 97520

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 541-488-7150

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 GREGORY J LAYTON

Mailing Address 525 A STREET
SUITE 2
ASHLAND OR 97520

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 541-488-7150

Full Name of Designated Agent _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

_____ Telephone number _____

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.

UMPQUA BANK

Mailing Address

250 PIONEER ST

P.O. BOX 36

ASHLAND

OR

97520

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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<i>See</i>	3-26-02
PREPARER	DATE PREPARED