

RECEIVED
FEC MAIL
OPERATIONS CENTER

MAY 17 A 10:07

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 text. 12784M5

CAMPAIGN OF ONE

ADDRESS (number and street) P.O. BOX 887

(Check if address is changed)

AMBS LA 59919

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ONE@CAMPAIGNOFONE.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

707-371-7339

2. DATE 05 15 2004

3. FEC IDENTIFICATION NUMBER ▶ C00291946

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 KENEE KLINK

Signature of Treasurer  Date 05 13 2004

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 _____

Candidate Party Affiliation _____ 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

NONE _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

CAMPAIGN OF ONE

7 Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of ceremonial books and records.

Full Name RENE E KLING

Mailing Address 1600 22ND ST S

ARLINGTON VA 22202-1514

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 515-232-1573

a. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the names and addresses of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer RENE E KLING

Mailing Address 1600 22ND ST S

ARLINGTON VA 22202-1514

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 515-232-1573

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.

FIRST AMERICAN BANK

Mailing Address

1130 S. DUFF AVE

AMES IA 50010

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 5/13/04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ER</i>	5/17/04
PREPARER	DATE PREPARED

(5/2004)