



RECEIVED
FEC MAIL CENTER

2008 JUL 15 AM 9:54

July 9, 2008

Federal Election Commission
999 E. Street NW
Washington, DC 20463

Re: Jim Buhrmaster for Congress
FEC Identification Number C00447706

To whom it may concern:

Enclosed please find FEC Form 1 – Statement of Organization for the above referenced committee dually executed. Please let your records reflect the change in Treasurer, and Asst. Treasurer.

Our previous Treasurer, Mr. Joseph Kulkus passed away on July 5th.

Your courtesies and considerations are greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Calvin P. Welch".

Calvin P. Welch
Treasurer
Jim Buhrmaster for Congress

CW/pc
cc-JRB

415 Sacandaga Rd. • Scotia, NY 12302

Paid for by Jim Buhrmaster for Congress

28039773407

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

2008 JUL 15 AM 9:54

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JIM BUHRMASTER FOR CONGRESS

ADDRESS (number and street)

415 SACANDAGA ROAD

(Check if address
is changed)

SCOTIA

NY

12302-0120

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@JIMBUHRMASTER.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JIMBUHRMASTER.COM

COMMITTEE'S FAX NUMBER

518-377-0537

2. DATE

07

08

2008

3. FEC IDENTIFICATION NUMBER

C00447706

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

Calvin P. Welch

Signature of Treasurer

Calvin P. Welch

Date

07

08

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
Use
Only

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

FEC FORM 1
(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 JAMES R BURMASTER

Candidate Party Affiliation Office Sought: House Senate President State NY District 21

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____
5. _____ FEC ID number C _____

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

NONE

Mailing Address

Grid for mailing address, city, state, and zip code.

CITY

STATE

ZIP CODE

Relationship:

- Connected Organization, Affiliated Committee, Leadership PAC Sponsor, Joint Fundraising Representative

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

CALVIN P WELCH

Mailing Address

901 RIVERSIDE AVENUE
SCOTIA WY 12302

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

518-372-6571

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

CALVIN P WELCH

Mailing Address

901 RIVERSIDE AVENUE
SCOTIA WY 12302

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

518-372-6571

28039773410

Full Name of Designated Agent

DEBORAH G MULLANEY

Mailing Address

1408 KEYES AVENUE

WILSKAYUNA

CITY

WY

STATE

12309-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

518-1377-10563

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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

FIRST NATIONAL BANK OF SCOTIA

Mailing Address

201 MOHAWK AVENUE

SCOTIA

CITY

WY

STATE

12302-

ZIP CODE

28039773411

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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

ED

PREPARER
(3/2005)

7/15/08

DATE PREPARED

28039773412