

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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OPERATIONS CENTER
AUG 23 A 10:16

Column Use Only

1. NAME OF
COMMITTEE (or Club)

(Check if name
is changed)

Example: If typing, type
over the line

12PE4M5

Conservative Musicians for America (CMFA)

ADDRESS (number and street)

PO Box 13258

(Check if address
is changed)

Toledo

OH

43613

CITY A

STATE A

ZIP CODE A

COMMITTEE'S EMAIL ADDRESS

onthebeachband@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://hometown.aol.com/onthebeachband/myhomepage/business.html

COMMITTEE'S FAX NUMBER

(419) 478-0305

2. DATE 08 16 2004

3. FEC IDENTIFICATION NUMBER ▶

C

4. HAS THIS STATEMENT



NEW (N)

OR

AMENDED (A)

I certify that I have prepared this Statement and to the best of my knowledge and belief it is true, correct and complete.

Print or Print Name of Treasurer

Jeffrey S. Tucker

Signature of Treasurer

Date

08 16 2004

NOTE: Submission of false, anonymous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437c.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
1200 First Street, N.W.
Washington, D.C. 20543
Toll-free 1-800-424-9546

FEC FORM 1
(Revised 02/00/03)

B 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

Local

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

Name of Candidate

George W. Bush

(National, State or subcommittee) committee of the

(Democratic, Republican, etc.) Party

(d) This committee is a

(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.

C Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Type of Connected Organization

Corporation

Corporation with Capital Stock

Labor Organization

Memberships Organization

Trade Association

Cooperative

Name or Type of Committee Name

Conservative Musicians for America

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

Full Name: **Jeffrey S. Tucker**

Mailing Address: **PO Box 13258**

Toledo OH 43613

Title or Position: CITY STATE ZIP CODE

Treasurer & Custodian of Records Telephone number (419) 478 0305

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

Full Name of Treasurer: **Jeffrey S. Tucker**

Mailing Address: **PO Box 13258**

Toledo OH 43613

Title or Position: CITY STATE ZIP CODE

Treasurer & Custodian of Records Telephone number (419) 478 0305

Full Name of Designated Agent: **Kelly G. Sewell**

Mailing Address: **PO Box 13258**

Toledo OH 43613

Title or Position: CITY STATE ZIP CODE

Assistant Treasurer Telephone number (419) 478 0305

9. Banks or Other Depositories: List all banks or other depositories to which the candidate deposits funds, trust monies, bank safety deposit boxes or mailboxes funds.

Name of Bank, Depository, etc.

Fifth Third Bank

Mailing Address

4925 Jackman Road

Toledo

OH 43613

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 FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<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
 PREPARER	8-23-04 DATE PREPARED

(5/2004)