FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANI	ZATION	
	(See instru	Office use only	
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Reid Haire fo	Congress		
ADDRESS (number and	street) PO Box 1276		
(Check if add	ress		
is changed)	Owensboro		KY 42302 - 1
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			
Heid.Haire.00			
COMMITTEE'S WEE	PAGE ADDRESS (URL)		
	<u> </u>	1111111111	
COMMITTEE'S FAX 2706888685			
2. DATE 0 ;			
3. FEC IDENTIFIC	ATION NUMBER	C C00445288	
4. IS THIS STATE	MENT X NEW (N) O	R AMENDED (A)	
I certify that I have exan	ined this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name or	Treasurer Louis Reid H	aire	
Signature of Treasure	r Electronically Filed by Louis	Reid Haire	Date 03 / 28 / 2008
NOTE: Submission of fa		n may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	nission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) X 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 information below.)	candidate
	Name of Louis Reid Haire Candidate _	
	Candidate Party Affiliation Office Sought: X House Senate President	State KY District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the	Democratic, epublican,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 f committee.	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	tion
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name			
Reid Haire for Congress			
 Custodian of Records: Identify possession of Committee boo 	by name, address, (phone num ks and records.	ber optional), and position of t	he person in
Full Name Anthony D	eron Sook		
Mailing Address	2033 Littlewood Dr		
_	Owensboro	KY	42301
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
Treasurer		Telephone number	
3. Treasurer: List the name and name and address of any des	address (phone number optioning address agent (e.g., assistant treater)	nal) of the treasurer of the commasurer).	nittee; and the
Full Name of Treasurer Anthony D	eron Sook		
Mailing Address	2033 Littlewood Dr		
_	Owensboro	KY	42301
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
Treasurer		Telephone number 270	683 3777
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Telephone number	

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9.	Banks or Other D safety deposit boxe			banks o	or othe	er dep	osito	ories	in w	hich	the	cor	mmi	ttee	depo	sits	fund	s, ho	olds	acc	ount	s, re	ents		
	Name of Bank, De	pository, etc.																							
		Independ	ence B	ank									1							1					
	Mailing Address	L	2425 F	rederi	ca S	t 														1					
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			Owens	sboro											L	ΚY		L		4	230	1	- L		
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	Name of Bank, De	pository, etc.																							 -
	Name of Bank, De	epository, etc.		1 1			. _																		
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