

FEC FORM 1

STATEMENT OF ORGANIZATION

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2006 MAY -9 A 8:12

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CITIZENS TO ELECT PHIL ROE TO CONGRESS

ADDRESS (number and street)

210 HEATHER VIEW DRIVE

(Check if address is changed)

JONESBOROUGH TN 37659

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

afgd@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ROE4CONGRESS.COM

COMMITTEE'S FAX NUMBER

423-913-3464

2. DATE 05/01/2006

3. FEC IDENTIFICATION NUMBER ▶ 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 D. Roger Kennedy

Signature of Treasurer D. Roger Kennedy

Date 05/01/2006

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

FEC FORM 1 (Revised 02/2003)

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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 DAVID PHILIP ROE

Candidate Party Affiliation REP Office Sought  House  Senate  President State TN District 1

- (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

N/A

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation                      Corporation w/o Capital Stock                      Labor Organization
- Membership Organization                      Trade Association                      Cooperative

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Write or Type Committee Name

CITIZENS TO ELECT PHIL ROE TO CONGRESS

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 DONALD ROGER KENNEDY

Mailing Address 210 HEATHER VIEW DRIVE

JONESBOROUGH TN 37659

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 429-913-2277

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 DONALD ROGER KENNEDY

Mailing Address 210 HEATHER VIEW DRIVE

JONESBOROUGH TN 37659

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 423-913-2277

Full Name of Designated Agent CHARLES STEAGALL

Mailing Address 446 HEATHER VIEW DRIVE

JONESBOROUGH TN 37659

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 423-282-4511

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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 TENNESSEE BANK

Mailing Address

3230 PEOPLES STREET

JOHNSON CITY

TN

37604

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<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
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
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*SL*  
 PREPARER

*5/9/06*  
 DATE PREPARED

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