

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER

2007 OCT 11 AM 9:35

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

The FARMER Campaign

ADDRESS (number and street)

P.O. Box 1016

(Check if address
is changed)

Noblesville

Noblesville

IN

46060

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Contact@FarmerCampaign.Com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.FarmerCampaign.Com

COMMITTEE'S FAX NUMBER

2. DATE

10 / 02 / 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

DR. Nick Farmer

Signature of Treasurer

Nick Farmer

Date

10 / 02 / 2007

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 02/2003)

27039534502

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 Nick Farmer

Candidate Party Affiliation DEM 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 527 (National, State or subordinate) committee of the DEM (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

Presently None

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

27039534503

Write or Type Committee Name

The Farmer Campaign

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

Nick Farmer

Mailing Address

P.O. Box 1016

Noblesville

IN

46060

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

812-962-0890

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

Nick Farmer

Mailing Address

P.O. Box 1016

Noblesville

IN

46060

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

812-962-0890

Full Name of Designated Agent

Nick FARMER

Mailing Address

P.O. Box 1016

Noblesville

IN

46060

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

812-962-0890

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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.

Heritage Federal Credit Union

Mailing Address

5000 Washington Ave

EVANSVILLE IN 47714-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039534505

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
10/3/07

USPS Registered/Certified Postmarked (R/C)

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 10/11/07
PREPARER **DATE PREPARED**
 (3/2005)

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