

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAY 1 12 18 PM '98

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)  Paul Barby for Congress	2. DATE  April 27, 1998
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) P.O. Box 248	3. FEC Identification Number C003020465
(c) City, State and ZIP Code Woodward, OK 73802	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | Candidate Party Affiliation | Office Sought       | State/District |
|-------------------|-----------------------------|---------------------|----------------|
| Paul Barby        | Democrat                    | U.S. Representative | OK/6th         |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Not applicable		

Type of Connected Organization

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

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	Mailing Address	Title or Position
Paul Barby	P.O. Box 248, Woodward, OK 73802	Candidate

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	Mailing Address	Title or Position
Nyla Johnson	2820 Edgewater, Woodward, OK 73801	Treasurer

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.	Mailing Address and ZIP Code
Central National Bank of Alva	P.O. Box 68, Woodward, OK 73802

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  Nyla Johnson	SIGNATURE OF TREASURER 	DATE  4/27/98
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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.

For further information contact: FEBAN053  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-219-3420

**FEC FORM 1**  
(revised 4/87)

