

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ANGEL JOY CHAVIS-ROCKER COMMITTEE FOR PRESIDENT	☐ (Check if name is changed)	2. DATE 11/12/98
(b) Number and Street Address 1410 SONATA COURT	☐ (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code NAVARRE BEACH, FL. 32566		4. Is This Report An Amendment? ☐ YES ☒ NO

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COMMISSION MAIL ROOM

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6. 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
ANGEL JOY-CHAVIS ROCKER | Candidate Party Affiliation
REPUBLICAN | Office Sought
PRESIDENT | State/District
USA |
|---|--|-----------------------------------|------------------------------|
- ☐ (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

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.

GARY GLENN Mailing Address **48642** Title or Position
Full Name **3800 MONROE, MIDLAND, MI** **TREASURER**

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).

GARY GLENN Mailing Address **48642** Title or Position
Full Name **3800 MONROE, MIDLAND, MI** **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.

FIRST BANK Mailing Address and ZIP Code
Name of Bank, Depository, etc. **PO Box 6318**
FARGO, ND 58125-6318

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 GARY GLENN	SIGNATURE OF TREASURER <i>GARY GLENN</i>	DATE 11/12/98
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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:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN121

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

☐ Hand Delivered	Date of Receipt
☒ First Class Mail	POSTMARKED 11-13-98
☐ Registered/Certified Mail	POSTMARKED
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	
<i>Jm D</i> PREPARER	11-16-98 DATE PREPARED