

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE

06 AUG - 1 AM 10: 56

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Talent for Senate, Inc.

ADDRESS (number and street)

9457 Diekmann Rock Island Industrial Dr.

(Check if address is changed)

St. Louis

MO

63132

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.talentforsenate.com

2. DATE

07 24 2006

3. FEC IDENTIFICATION NUMBER ▶

C 00368183

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

Shirley J. Simmons

Signature of Treasurer

Date

07 25 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

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 1/01)

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 James M. Talent

Candidate Party Affiliation REP Office Sought: House Senate President State MO District _____

- (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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

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 Gregg Keller

Mailing Address 8467 Dielman Rock Island Industrial Dr.
St. Louis MO 63132

Title or Position Deputy Treasurer CITY STATE ZIP CODE

Telephone number 314 - 453 - 0344

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 Shirley J. Simmons

Mailing Address 4155 SE Paddock Circle
Lee's Summit MO 64082

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 816 - 537 - 6082

Full Name of Designated Agent Gregg Keller

Mailing Address 8467 Dielman Rock Island Industrial Dr.
St. Louis MO 63132

Title or Position Deputy Treasurer CITY STATE ZIP CODE

Telephone number 314 - 453 - 0344

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.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

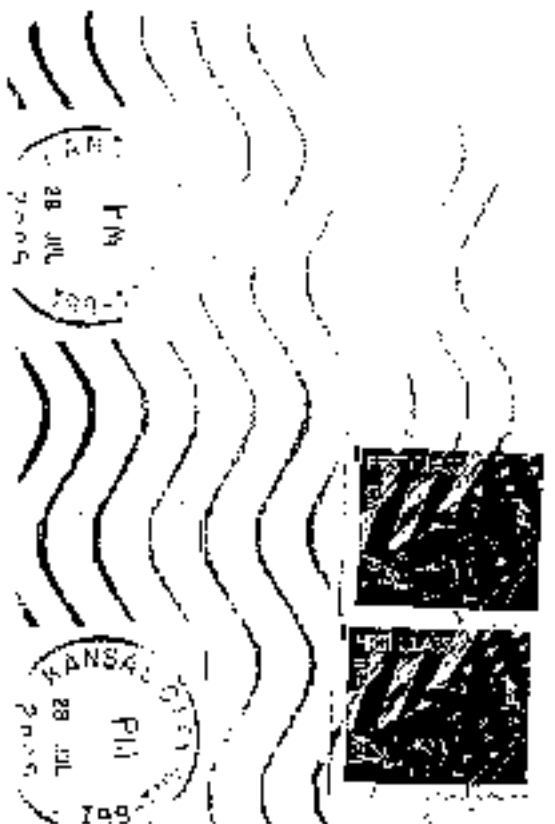
ZIP CODE ▲

26020590548

Admiral
Robert Child
Monist, Mo.
64082

26020590549

Office of the Secretary of the Senate
Office of Public Records
20 Box 5109 NATF
Alexandria, Va, 22301-0109



SECRETARY OF THE SENATE
05 AUG - 1 AM 10: 56

26020590549

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HARY SENATE JAMES BUILDING
SUITE 202
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0323

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

07-28-06

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

08.01.06

26020590550

26020590551



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