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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COFFIELD FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street)

PO BOX 727

(Check if address is changed)

KINGSTON

IN

37763

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.COFFIELDFORCONGRESS.COM

2. DATE

05 28 2002

CP 377986

3. FEC IDENTIFICATION NUMBER

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

MATTHEW J. EVANS

Signature of Treasurer

Matthew J. Evans

Date

05 28 2002

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

RD
OKS

For further information contact:
Federal Election Commission
Toll Free 800-426-9530
Local 202-694-1100

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 | WALTER, MICHAEL COFFIELD

Candidate Party Affiliation: REP Office Sought: House Senate President State: TN District: 04

- (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 MATTHEW JOSHUA EVANS

Mailing Address P.O. Box 198

KNOXVILLE TN 37901

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

8. Treasurers: 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 MATTHEW JOSHUA EVANS

Mailing Address P.O. Box 198

KNOXVILLE TN 37901

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

UNION PLANTERS BANK

Mailing Address

P.O. Box 590

KINGSTON TN 37763

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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