

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL
ELECTION COMMISSION
2003 OCT -7 A 11:02
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

10384MB

FRIENDS OF DAMIAN THORMAN

ADDRESS (number and street)

P.O. Box 411593

(Check if address is changed)

KANSAS CITY

MO

64111-1593

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

thormanforcongress@ec.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.thormanforcongress.com

COMMITTEE'S FAX NUMBER

816-363-7082

2. DATE 10 07 2003

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Mrs. Richard Belling

Signature of Treasurer Mrs. Richard Belling

Date 10 07 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Tel: Free 800-424-9535 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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 DAMIAN J. THORMAN

Candidate Party Affiliation DEM Office Sought House Senate President State MO District 05

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

Write or Type Committee Name

Principal Campaign Committee

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 Abigail ELIZABETH THORMAN

Mailing Address P.O. Box 411593

KANSAS CITY MO 64141-1593

Title or Position CITY STATE ZIP CODE

COCHAIR Telephone number 816-363-1705

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 MRS. RICHARD ~~BOHANNON~~ BOLLING

Mailing Address P.O. Box 411593

KC MO 64141-1593

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent Abigail ELIZABETH THORMAN

Mailing Address P.O. Box 411593

KANSAS CITY MO 64141-1593

Title or Position CITY STATE ZIP CODE

COCHAIR Telephone number 816-363-1705

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.

COMMERCE BANK

Mailing Address

1000 WALNUT

P.O. BOX 13686

KANSAS CITY

MO

64119-13686

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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(6/2000)

2003 OCT 10 10:00 AM