

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: (DOE BUCK PARTY) COMMITTEE TO ELECT JAMES L. BALDWIN		2. DATE 9-3-99 FRIDAY 0840	
(b) Number and Street Address 1330 EASTGATE RD C2		3. FEC Identification Number C00292672	
(c) City, State and ZIP Code TOLEDO, OHIO 43615		4. Is This Report An Amendment? ☒ YES ☐ NO	

OLD ADDRESS
FEDERAL ELECTION COMMISSION
COMMISSIONER MAIL ROOM 10436
TOLEDO, OHIO 43615
SEP 1-419-472-7795
HOME 230 PM 199
STACI LYNN B.
DAUGHTER

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 LAMAR BALDWIN | Candidate Party Affiliation
DOE-BUCK | Office Sought
PRESIDENT | State/District
OH 10 |
|--|---|----------------------------|-------------------------|
- ☒ (c) This committee supports/opposes only one candidate, JAMES L. BALDWIN, and is an authorized committee. (name of candidate)
- ☒ (d) This committee is a NATIONAL committee of the DOE-BUCK 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
DONE		

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
JAMES L. BALDWIN	1330 EASTGATE RD C2	CANDIDATE/ 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).

Full Name	Mailing Address	Title or Position
SAME AS ABOVE	SAME AS ABOVE	SAME AS ABOVE

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
CHARTER ONE	

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 James L. Baldwin	SIGNATURE OF TREASURER JAMES L. BALDWIN	DATE 0837 9-3-99 FRIDAY
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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

FEBAN121

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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Date of Receipt

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Records

Date of Receipt

☐

Other (Specify):

Postmarked

and/or Date of Receipt

☐

Electronic Filing



PREPARER

9-7-99

DATE PREPARED

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: ☐ (Check if name is changed) DOE-BUCK PARTY (NEW)		2. DATE FRIDAY 9-3-99
(b) Number and Street Address ☐ (Check if address is changed) 1330 EAST GATE RD - C2		3. FEC Identification Number C00292672
(c) City, State and ZIP Code TOLEDO, OHIO 43615		4. Is This Report An Amendment? ☒ YES ☐ NO

RECEIVED
FEDERAL ELECTION
COMMISSION, MAIL ROOM

SEP 7 3 13 PM '99

5. TYPE OF COMMITTEE (Check one)

- ☒ (a) This committee is a principal campaign committee. **PARTY** (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 L. BALDWIN | Candidate Party Affiliation
DOE-BUCK | Office Sought
PRESIDENT | State/District
OHIO |
|--|--|-----------------------------------|-------------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- ☒ (d) This committee is a **NATIONAL** committee of the **DOE-BUCK** 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
NONE		

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 JAMES L. BALDWIN	Mailing Address 1330 EAST GATE RD - C2	Title or Position CANDIDATE / TREASURER
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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 SAME AS ABOVE	Mailing Address SAME	Title or Position SAME
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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. CHARTER ONE	Mailing Address and ZIP Code
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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 JAMES L. BALDWIN	SIGNATURE OF TREASURER <i>James L. Baldwin</i>	DATE FRIDAY 9-3-99
--	---	---------------------------

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

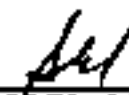
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☐ Received from the House office of Records and Registration	Date of Receipt
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☐ Other (Specify):	Postmarked _____ and/or Date of Receipt
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	9-7-99
PREPARER	DATE PREPARED