PAGE TWO
OF THREE

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

OLD ADDRESS
FEDERAL ELECTION COMMISSION MAIL ROOM
... BLE RD
TOLEDO, OHIO 4361
SEP 1 3 22 PM '99
1-419-472-7795
HOME OF STACI LYNN B. DAUGHTER

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
(DOE BUCK PARTY)
COMMITTEE TO ELECT JAMES L. BALDWIN

2. DATE 9-3-99 FRIDAY 0840

(b) Number and Street Address ☒ (Check if address is changed)
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

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	Candidate Party Affiliation	Office Sought	State/District
JAMES LAMAR BALDWIN	DOE-BUCK	PRESIDENT	OHIO

☒ (c) ~~This committee supports/opposes only one candidate,~~ JAMES L. BALDWIN ~~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	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	SIGNATURE OF TREASURER	DATE
James L. Baldwin	JAMES L. BALDWIN	0837 9-3-99 FRIDAY

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 9-4-99
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☐	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	

fej — 9-7-99

PREPARER — DATE PREPARED

(4/98)

PAGE THREE OF THREE

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 7 3 33 PM '99

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 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

5. TYPE OF COMMITTEE (Check one)

☑ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
PARTY

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
JAMES L. BALDWIN	DOE-BUCK	PRESIDENT	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.

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

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

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PREPARER

9-7-99
DATE PREPARED

(4/98)