

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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2002 MAR 12 A 11:53

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Jim Baker for Congress

ADDRESS (number and street)

PO Box 75

(Check if address
is changed)

CONWAY

AR

72032

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JimBaker2nd@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jimbakerforcongress.com

2. DATE

03 11 2002

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

Anne Ruth Kennedy

Signature of Treasurer

Anne Ruth Kennedy

Date

03 11 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

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
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 Jim Baker

Candidate Party Affiliation Dem Office Sought House Senate President State AR District 2nd

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate Jim Baker

(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

None

Meeting 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 Cara E. Wilson

Mailing Address P.O. Box 75
Conway AR 72033

Title or Position Campaign Manager CITY STATE ZIP CODE

Telephone number 501-328-3334

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 Anna Ruth Kennedy

Mailing Address 228 Lower Ridge Road
Conway AR 72032

Title or Position _____ CITY STATE ZIP CODE

Treasurer Telephone number 501-328-3336

Full Name of Designated Agent None

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.

First State Bank

Mailing Address

PO Box 914

Conway

AR

72033

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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