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FEC FORM 1 STATEMENT OF ORGANIZATION

Other Use Only

1. NAME OF COMMITTEE (If full) (Check if name is changed) Example: If type, type over the line: 123456789

Alecia Webb-Edgington For Congress

ADDRESS (number and street) P.O. Box 175948

(Check if address is changed) Fr. Mitchell KY 41021

CITY STATE ZIP CODE

COMMITTEES E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) info@aleciaforcongress.com

COMMITTEES WEB PAGE ADDRESS (URL)

(Check if address is changed) AleciaForCongress.com

2. DATE 12 18 2011

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: BA Koser

Signature of Treasurer: Suzanne M Koser Date 12 18 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437b. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only table with checkboxes for various reporting requirements.

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5. TYPE OF COMMITTEE Candidates Committee:

(a) X 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: Alecia Webb-Edgington

Candidate Party Affiliation: Rep Office Sought: X House Senate President State KY District 04

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

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subnational) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) (If connected organization is a Corporation, Membership Organization, Trade Association, Labor Organization, or Cooperative)

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, the committee is a Lobbyist/Registrant PAC.

In addition, the committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraising:

- 1. FED ID number C
2. FED ID number C
3. FED ID number C
4. FED ID number C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Suzanne Koester  
Mailing Address 856 Rosewood Dr

Willard Hills CITY KY 41017 STATE ZIP CODE

Title or Position \_\_\_\_\_ Telephone number 859-381-4653

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 Suzanne Koester  
Mailing Address 856 Rosewood Dr

Willard Hills CITY KY 41017 STATE ZIP CODE

Title or Position Treasurer Telephone number 859-331-4653

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Title or Position \_\_\_\_\_ Telephone number \_\_\_\_\_

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, maintains deposit boxes or maintains funds.

Name of Bank, Depository, etc. Central Bank

Mailing Address 2310 Torrey Rd #200

Elizance CITY KY 41021-1814 STATE ZIP CODE

Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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Federal Election Commission  
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*JMP*  
PREPARER  
(3/2005)

12/27/11  
DATE PREPARED