

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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2002 AUG 19 P 12:39

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

Hartwood for Congress 2002

ADDRESS (number and street)

155 E. 5th Avenue, Suite 210

(Check if address is changed)

Lexington

KY

40507

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Hartwood@air.com.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.hartwoodforcongress.com

2. DATE

08 ' 12 ' 2002

3. FEC IDENTIFICATION NUMBER

C

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

Thomas J. Litafik

Signature of Treasurer

Thomas J. Litafik

Date

08 ' 12 ' 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5487g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-434-8500
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 _____

Candidate Party Affiliation: Office Sought: House Senate President State: KY District: 06

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

FEC Form 3 (Revised 1/81)

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 Thomas J. Lintanfiki
 Mailing Address U.S. Basis Medical Services
Suite 210
Lexington, KY 40507
 Title or Position Consultants CITY Lexington STATE KY ZIP CODE 40507
 Telephone number 609-259-1522

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 Thomas J. Lintanfiki
 Mailing Address U.S. Basis Medical Services
Suite 210
Lexington, KY 40507
 Title or Position Consultants CITY Lexington STATE KY ZIP CODE 40507
 Telephone number _____

Full Name of Designated Agent Thomas J. Lintanfiki
 Mailing Address U.S. Basis Medical Services
Suite 210
Lexington, KY 40507
 Title or Position Consultants CITY Lexington STATE KY ZIP CODE 40507
 Telephone number 609-259-1522

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B. 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.

Credit Union Bank and Transit

Mailing Address

P.O. Box 113000

Springfield, VA

22151-1300

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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