

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

OGLES FOR CONGRESS

ADDRESS (Home or street) PO BOX 681236

X (Check if address is changed) FRANKLIN TN 37068
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
aoc@andyogles.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
6157916840

2. DATE 04 / 19 / 2004

3. FEC IDENTIFICATION NUMBER C C00375170

4. IS THIS STATEMENT NEW (N) OR X 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 MONICA OGLES

Signature of Treasurer Electronically Filed by MONICA OGLES Date 11 / 29 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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 WILLIAM ANDREW IV OGLES

Candidate	Office					State	TN
Party Affiliation	Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President		District	04

- (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 A STATE A ZIP CODE A

Relationship _____

- Type of Connected Organization:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

OGLES FOR CONGRESS

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 **MONICA OGLES**

Mailing Address **2100 TONYA CT**

FRANKLIN **TN** **37064**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number **615** - **591** - **4929**

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 **MONICA OGLES**

Mailing Address **2100 TONYA CT**

FRANKLIN **TN** **37064**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

