

2004 FEB 25 A 10:37
Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines. 12FE4445

Buford for Congress

ADDRESS (number and street) 105 Crosswoods Place

(Check if address is changed)

Nicholasville Ky 40356

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

notification@bufordforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bufordforcongress.com

COMMITTEE'S FAX NUMBER

859-223-7171

2. DATE

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 Carol Buford

Signature of Treasurer *Carol Buford*

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.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

For further information contact: Federal Election Commission, Ext. Fax: 500-424-0530, Local: 202-694-1100

FEC FORM 1 (Revised 02/2003)

REMARKS

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 Tom Buford

Candidate Party Affiliation Rep 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
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

Buford 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 **Treasurer**

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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 **Carol Buford**

Mailing Address **105 Crosswoods Place**

Nicholasville **Ky** **40356**

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Telephone number **859** **223** **7171**

Full Name of Designated Agent

Mailing Address

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, or has safety deposit boxes or maintains funds.

Name of Bank, Depository, etc:

Kentucky Bank

Mailing Address

714 South Main Street

Nicholasville

Ky

40356

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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 FOR INCOMING DOCUMENTS**

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