

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL
OPERATIONS CENTER

2004 MAR 15 AM 11:49

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

ADDRESS (number and street) 1959 ELM ST
(Check if address is changed) CLINTON MISSOURI 63002-1126
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS opphan@h4g.com

COMMITTEE'S WEB PAGE ADDRESS (URL) www.opphans.com

COMMITTEE'S FAX NUMBER

2. DATE 03/02/2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) [checked] NEW (N)

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 BILL R. PEARMAN

Signature of Treasurer [Signature] Date 03/02/2004

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.

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: BILL PEARSON

Candidate Party Affiliation: DEM Office Sought: House Senate President

State: OR District: 5

- (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

NONE

Mailing 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

PEARLMAN FOR CONGRESS COMMITTEE

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: BILL PEARLMAN

Mailing Address: 959 FARM ST

CITY STATE ZIP CODE

CANTON ILL 62424-1150

Title or Position: CANDIDATE Telephone number: 618-632-3953

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: BILL PEARLMAN

Mailing Address: 959 FARM ST

CITY STATE ZIP CODE

CANTON ILL 62424-1150

Title or Position: Telephone number:

INDIVIDUAL

Full Name of Designated Agent:

Mailing Address:

CITY STATE ZIP CODE

CITY STATE ZIP CODE

Title or Position: Telephone number:

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.

CLD NATIONAL BANK

Mailing Address

402 S. MAIN ST.

CLINTON IN 42842

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 FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>sk</i>	<i>3-15-04</i>
PREPARER	DATE PREPARED