

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

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

12FE4M5

WNY DELEGATES FOR OBAMA

ADDRESS (number and street)

1373 COTTONWOOD

(Check if address is changed)

WILLIAMSVILLE

NY

14221-1506

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

wnydelegatesforobama-politicalfundraising@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://wnydelegatesforobama.wnyhighway.com/

COMMITTEE'S FAX NUMBER

[]-[]-[]

2. DATE

01/18/2008

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

Michael E. Rupp

Signature of Treasurer

X

Michael E. Rupp

Date

01/22/2008

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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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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 _____ District _____

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

Name of Candidate BARACK OBAMA _____

(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

280396047 A1

Write or Type Committee Name

WNY Delegates for Obama

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 DIANA K CIHAK

Mailing Address 4382 BAYVIEW RD

HAMBURG NY 14075

Title or Position CITY STATE ZIP CODE

SECRETARY

Telephone number 716-646-0225

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 MICHAEL E RUPP

Mailing Address 373 COTTONWOOD DRIVE

WILLIAMSVILLE NY 14221-1506

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 716-689-4836

Full Name of Designated Agent Michael Ellis Rupp

Mailing Address 373 Cottonwood Drive

Williamsville NY 14221-1506

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number 716-689-4836

280396047 A2

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.

Manufacturers & Traders Trust Company

Mailing Address

East Robinson Road Branch

3065 Niagara Falls Boulevard

Amherst NY 14228

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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USPS First Class Mail Postmarked
1/23/08

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Other (Specify): Date of Receipt or Postmarked

 1/30/08
PREPARER DATE PREPARED

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