

**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

LEHIGH CEMENT COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (Home or street) 766D IMPERIAL WAY

(Check if address is changed) ALLENTOWN PA 18195

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JCole@lehighcement.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 / 01 / 2003

3. FEC IDENTIFICATION NUMBER C00224287

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 JOAN B. COLE

Signature of Treasurer Electronically Filed by JOAN B. COLE Date 04 / 10 / 2003

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

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	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (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

LEHIGH CEMENT COMPANY _____

Mailing Address _____ 7660 IMPERIAL WAY _____

_____ ALLENTOWN _____ PA _____ 18195 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ CONNECTED _____

Type of Connected Organization:

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

Write or Type Committee Name

LEHIGH CEMENT COMPANY POLITICAL ACTION 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 COMERICA BANK

Mailing Address PAC SERVICES
P.O. BOX 75000
DETROIT MI 48275 - 2250

Title or Position ▼ RECORD KEEPER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 248 - 371 - 7269

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 JOAN B. COLE

Mailing Address LEHIGH CEMENT COMPANY
7660 IMPERIAL WAY
ALLENTOWN PA 18195 -

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

Telephone number 610 - 366 - 4654

Full Name of Designated Agent MICHAEL J. LEWIS

Mailing Address LEHIGH CEMENT COMPANY
7660 IMPERIAL WAY
ALLENTOWN PA 18195 -

Title or Position ▼ ASSISTANT TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 610 - 366 - 4692

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.

COMERICA BANK

Mailing Address

PAC SERVICES

P.O. BOX 75000

DETROIT

MI

48275 - 2250

CITY Δ

STATE Δ

ZIP CODE Δ