

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

Tharon for Missouri 2

ADDRESS (number and street)

1008 E Walnut Apt 2



(Check if address
is changed)

Springfield

MO

65806

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tharonchandler@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.tharonchandler.com

COMMITTEE'S FAX NUMBER

N/A

2. DATE

04 14 2008

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

William Tharon Chandler

Signature of Treasurer

Wm T. Chandler

Date

04 14 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.

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

FEC FORM 1
(Revised 12/2007)

Federal Election Commission
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EA

PREPARER
(3/2005)

4/21/08

DATE PREPARED

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