

FEDERAL BUREAU OF INVESTIGATION
COMMUNICATIONS SECTION
REPORTS ANALYSIS DIVISION

Post Office Box 966
Concord NC 28025
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www.bethtroutman.com



2008 JUN 30 12 4 33

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To: Barry From: Annie Kushner

Fax: 202-219-3440 Pager:

Phone: _____ Date:

Re: _____ CC:

Urgent For Review Please Comment Please Reply Please

Recycle

6 Comments:

Paid for by Beth Troutman for Congress



FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (if not) [] (Check if name is changed) Start/End if using type over the inc. 1218415

BETH TROUTMAN FOR CONGRESS

ADDRESS (number and street) PO BOX 915

[] (Check if address is changed) CONCORD NC 28025

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@bethtroutman.com

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

COMMITTEE'S FAX NUMBER 704-262-9097

2. DATE 06 23 2004

3. FEC IDENTIFICATION NUMBER []

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

I certify that I have prepared this Statement true to the best of my knowledge and belief to give correct and complete

Type or Print Name of Treasurer Leanne Powell

Signature of Treasurer [Signature] DATE 06 23 2004

NOTE: Sponsorship of form, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5327c. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

REC Form 1 (Revised 02/2000)

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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 Beth T. Coulman

Candidate Party Affiliation DEM Office Sought: House Senate President State NC District 08

- (c) This committee supports/expresses 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/expresses more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Street Address _____

CITY _____ STATE _____ ZIP CODE _____

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Comments _____



REC Form 1 (Revised 02/00)

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Name of Type Committee Name

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 PATRICK MURRAY

Mailing Address PO BOX 965

CONCORD NC 28025

Title or Position CITY STATE ZIP CODE

MANAGER Telephone number 704-221-6413

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 (i.e., alternate treasurer).

Full Name of Treasurer LEANNIE POWELL

Mailing Address PO BOX 965

CONCORD NC 28025

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 704-221-6413

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Prepared by

FEC Form 1 (Revised 12/2005)

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8. Banks or Other Depositories: List all banks or other depositories in which the nominee deposits funds, holds accounts, or has safety deposit boxes or maintains funds. Name of Bank, Depository, etc.

SOUTHWEST BANK

Mailing Address

P.O. BOX 11965

BIRMINGHAM

AL

35202-1

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 Express Mail	Postmarked
<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 checked="" type="checkbox"/> Other (Specify): <i>Received from RAD</i>	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER (5/2004)	<i>6/30/04</i> DATE PREPARED