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COMMISSION MEMBER
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5/15/03

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 E 84M5

BRAUNER FOR CONGRESS

ADDRESS (number and street)

PO Box 140108

(Check if address
is changed)

KANSAS CITY

MO

64114

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ispencer@braunerforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.BRAUNERFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE 11 03 2003

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 Tom Spencer

Signature of Treasurer [Handwritten Signature]

Date 11 14 2003

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
Tel. Free 800-424-9550
(202) 203-654 (TDD)

FEC FORM 1
(Revised 02/2004)

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: STEPHEN E. BRAUNER

Candidate Party Affiliation: REP Office Sought: House Senate President State: MO District: 05

- (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

UNION

Meeting 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

DEBUNKER FOR CONGRESS

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 THOMAS C. SPENCER

Mailing Address PO BOX 140128

KANSAS CITY MO 64114

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

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 THOMAS C. SPENCER

Mailing Address PO BOX 140128

KANSAS CITY MO 64114

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent None

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

3. 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.

BANK OF AMERICA

Mailing Address

10731 STATE LINE RD

KANSAS CITY

MO

64114

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

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