

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2003 SEP 22 A 9:57

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

SEP 22 2003 09:57 AM

Citizens For Clark

ADDRESS (number and street)

P.O. Box 34

(Check if address is changed)

Derry

ND

58001

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Citizens For Clark@Aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.citizensforclark.com

COMMITTEE'S FAX NUMBER

201-233-4940

2. DATE

09/22/2003

3. FEC IDENTIFICATION NUMBER

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

Mel Thompson

Signature of Treasurer

*Mel Thompson*

Date

09/22/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §487g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-426-6899  
Local 202-684-1100

FEC FORM 1  
(Revised 02/2003)

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 \_\_\_\_\_

(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

Write or 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 Mel Thompson

Mailing Address P.O. Box 31

Derby

CT 06418

Title or Position

CITY

STATE

ZIP CODE

Treasurer/Director

Telephone number 203-772-4805

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 Mel Thompson

Mailing Address P.O. Box 31

Derby

CT 06418

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number: 203-772-4805

Full Name of Designated Agent Mel Thompson

Mailing Address P.O. Box 31

Derby

CT 06418

Title or Position

CITY

STATE

ZIP CODE

Treasurer/Assistant

Telephone number 203-772-4805

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.

Wilmington Venture Savings Bank

Mailing Address

49 Pershing Drive

Delaware

DE

19721-1

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

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