

**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

**Friends of Margaret Workman**

ADDRESS (number and street)

**1596 Kanawha Blvd East**☒(Check if address  
is changed)**Charleston****WV****25311**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**margareetworkman@hotmail.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**3043439677**

2. DATE

M M  
0 4/ D D  
0 9/ Y Y Y Y  
2 0 0 7

3. FEC IDENTIFICATION NUMBER

**C C00370908**

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

**Ms Margaret L Workman**

Signature of Treasurer

Electronically Filed by **Ms Margaret L Workman**

Date

M M  
0 4/ D D  
0 9/ Y Y Y Y  
2 0 0 7

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

Ms MARGARET L. WORKMAN

Candidate  
Party AffiliationOffice  
Sought:☒

House

☐

Senate

☐

President

State

WV

District

03

- (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

**Friends of Margaret Workman**

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 **Ms MARGARET L. WORKMAN**

Mailing Address **1596 Kanawha Blvd E**

**CHAS** **WV** **25311** -

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

**treasurer** **304** **343** **9675**

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 **Ms MARGARET L. WORKMAN**

Mailing Address **1596 Kanawha Blvd E**

**CHAS** **WV** **25311** -

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

**treasurer** **304** **343** **9675**

Telephone number - -

Full Name of Designated Agent

Mailing Address

**CITY ▲** **STATE ▲** **ZIP CODE ▲**




Telephone number - -

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.

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY  STATE  ZIP CODE 

CITY STATE ZIP CODE 