

**CAMPBELL
FOR
CONGRESS**

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New Canaan, CT 06840
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COMMISSION MAIL ROOM

2000 JAN 13 P 1:40

January 10, 2000

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sirs:

~~Please find enclosed a completed Form-1 and Form-2 for the Campbell for Congress campaign. If~~
you require any further information at this time, please inform us via phone, fax or e-mail as
indicated above.

Thank you for your attention.

Sincerely,



Jim Campbell

enc.

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) CAMPBELL FOR CONGRESS	2. DATE JAN. 10, 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 964 SMITH RIDGE ROAD	3. FEC Identification Number
(c) City, State and ZIP Code NEW CANAAN CT 06840	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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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 JAMES S. CAMPBELL	Candidate Party Affiliation REPUBLICAN	Office Sought U.S. REP.	State/District CT-4
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(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
TREASURER		

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	Mailing Address	Title or Position
CARL G. BULGINI	P.O. Box 1595 NEW CANAAN CT 06840	TREASURER

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 and ZIP Code
SUMMIT BANK	212 ELM STREET NEW CANAAN, CT 06840

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 CARL G. BULGINI	SIGNATURE OF TREASURER 	DATE JAN. 10 2000
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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.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1-11-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jmjo</i> PREPARER	<i>1-13-00</i> DATE PREPARED