

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
02 OCT 28 AM 11:32

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Ed Bryant for U.S. Senate, Inc.

ADDRESS (number and street)

Attn: J. Richard Buchignani

(Check if address
is changed)

5763 Summer Trees Drive

Memphis

TN

38134

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

barbara.breuer@bryantforenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

2. DATE

10 17 2002

3. FEC IDENTIFICATION NUMBER ▶

C 376228

4. IS THIS STATEMENT



NEW (N)

OR



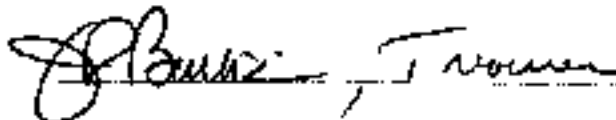
AMENDED (A)

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

J. Richard Buchignani

Signature of Treasurer



Date

10 17 2002

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 202-694-1100FEC FORM 1
(Revised 1/01)

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 Edward G. Bryant

Candidate Party Affiliation ☒ REP. Office Sought ☐ House ☒ Not a candidate in General State ☐ Senate ☐ President Ran in Primary only 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

Ed Bryant for U.S. Senate, Inc.

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 Barbara BreuerMailing Address P.O. Box 1961Gordova TN 38088-1961

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Office Manager Telephone number 901-753-6348

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 J. Richard BuchignaniMailing Address Concord, EPS, Inc.5763 Summer Trees Dr.Memphis TN 38134

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer Telephone number 901-381-5455Full Name of Designated Agent Mailing Address

Title or Position ▼

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.

AmSouth Bank

Mailing Address

1045 N. Germantown Pkwy.

Cordova

TN

38016

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

ALL OTHER BANK ACCOUNTS HAVE BEEN CLOSED.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

10-28-02
Date Prepared

