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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (or Act) (Check if name is changed) Exempt if filing type over the line 12FE435

SMUFFER FOR CONGRESS

ADDRESS (street and city) P.O. Box 530

(Check if address is changed) PROSPERITY, NY 12509-0530

CITY STATE ZIP CODE

COMMITTEE'S EMAIL ADDRESS
PICKUP@SMUFFER.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
PICKUPSMUFFER.COM

COMMITTEE'S FAX NUMBER
301-253-2100

2. DATE 04 01 2004

3. FEC IDENTIFICATION NUMBER 000383512

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have prepared this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Signator Angela B. McGrady

Signature of Treasurer Angela B. McGrady Date 04 01 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 1923. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

FED Form 1 (Revised 12/2003)

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B. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Provide the candidate information below.)
- (b) This committee is an authorized committee and is NOT a principal campaign committee. (Provide the candidate information below.)

Name of Candidate: RICK SNIFFER (RICHARD RAY SNIFFER)

Candidate Party Affiliation: REP 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 subcommittee) 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.

C. Name of Any Connected Organization or Affiliated Committee

Mailing Address: _____

 CITY STATE ZIP CODE

Relationship: _____

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Name or Type of Convention Name

Gruffer for Congress

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the persons in possession of committee books and records.

Full Name

ANGELA B. McGRADY

Mailing Address

107 ROGERS ST.

OAK HILL

NY

1259011

Title or Position

CITY

STATE

ZIP CODE

DEPUTY TREASURER

Telephone number

301-469-1323

8. Treasurer: List the name and address (phone number - optional) of the members of the committee; also the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

J. B. HADDEN

Mailing Address

411 SOUTH HIGH ST.

DAY TOWER

COLUMBUS

OH

43215

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

614-227-2162

Full Name of Designated Agent

ANGELA B. McGRADY

Mailing Address

107 ROGERS ST.

OAK HILL

NY

1259011

Title or Position

CITY

STATE

ZIP CODE

DEPUTY TREASURER

Telephone number

301-469-1323

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2 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, notes, accounts, notes, safety deposit boxes or securities funds.

Name of Bank, Depository, etc.

BANK

Mailing Address

3941 ROBERT C. BYRD DR.

BECKLEY WV 25801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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