

**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

OXLEY FOR CONGRESS

ADDRESS (Number and street) P.O. BOX 2002

(Check if address is changed) FINDLAY OH 45639

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

OXCAMP@BRIGHT.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 12 / 07 / 2001

3. FEC IDENTIFICATION NUMBER C00142000

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 JODY BEALL O'BRIEN

Signature of Treasurer Electronically Filed by JODY BEALL O'BRIEN Date 12 / 07 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 MICHAEL G. OXLEY

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	OH
						District	4

- (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

OXLEY FOR CONGRESS

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 JODY BEALL O'BRIEN

Mailing Address P.O. BOX 2002

	<u>FINDLAY</u>	<u>OH</u>	<u>45839</u> -
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>TREASURER</u>		Telephone number <u>419</u> - <u>526</u> - <u>9539</u>	

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 JODY BEALL O'BRIEN

Mailing Address P.O. BOX 2002

	<u>FINDLAY</u>	<u>OH</u>	<u>45839</u> -
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>TREASURER</u>		Telephone number <u>419</u> - <u>562</u> - <u>9539</u>	

Full Name of Designated Agent _____

Mailing Address _____

	<u>0</u>	<u>0</u>	<u>0</u> -
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
_____		Telephone number <u>0</u> - _____ - _____	

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.

SKY TRUST

Mailing Address

236 SOUTH MAIN STREET

FINDLAY

OH

45840 -

CITY Δ

STATE Δ

ZIP CODE Δ