

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Stevie Buehner for Congress

ADDRESS (number and street)

1704 Greenville Dr

(Check if address is changed)

Delita OH 43151-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

contact@steviebuehner.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

steviebuehner.com

COMMITTEE'S FAX NUMBER

419-822-0124

2. DATE

09/18/2007

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

X

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

Sandra K Barber

Signature of Treasurer

*Sandra K Barber*

Date

09/18/2007

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 Only

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

FEC FORM 1  
(Revised 02/2003)

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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 Steve Buehner

Candidate Party Affiliation Rep Office Sought:  House  Senate  President State OH District 05

- (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

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Write or Type Committee Name

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 Kristiti Fox

Mailing Address 1105 Berwyck Dr

Akron OH 44312

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 330-798-0580

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 Sandra K Barber

Mailing Address 319 E Elm St

Wausieon OH 43567

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent Kristiti Fox

Mailing Address 1105 Berwyck Dr

Akron OH 44312

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 330-798-0580

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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.

Huntington National Bank

Mailing Address

317 North Fulton St

Wausieon OH 43567

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
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Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

*Jmva*

PREPARER

(3/2005)

*9/18/07*

DATE PREPARED

27039523980