

Boozman
CONGRESS

501.636.7036

P.O. Box 671
ROGERS, AR 72757-0671

Phil Schoettlin
Campaign Manager

www.boozmanforecongress.com
e-mail: phil@votegop.net

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FEC MAIL ROOM

2001 JUL 27 A 11:37

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

BOOZMAN For Congress

ADDRESS (number and street)

P.O. Box 671

(Check if address is changed)

Rogers

AR

72757-0671

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

john@boozmanforcongress.com

phil@vote.gop.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.boozmanforcongress.com

2. DATE

06 18 2001

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

N

NEW (N)

OR

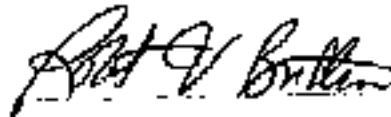
AMENDED (A)

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

ROBERT V. BROTHERS

Signature of Treasurer



Date

06 27 2001

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 800-424-9630
Local 202-884-1100

FEC 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 John N. Boozman

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 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

Boozman 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 SAM W SCOTT
 Mailing Address 11001 W WALNUT SUITE 6
ROGERS AR 72756
 Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 501-636-6700

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 ROBERT VINCENT BROTHERS
 Mailing Address 916 SYCAMORE TRAIL
LOWELL AR 72745-9064
 Title or Position CITY STATE ZIP CODE
TREASURER Telephone number 501-621-1723

Full Name of Designated Agent SAM W SCOTT
 Mailing Address 11001 W WALNUT SUITE 6
ROGERS AR 72756
 Title or Position CITY STATE ZIP CODE
ASISTANT TREASURER Telephone number 501-636-6700

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.

ARVEST BANK

Mailing Address

PO Box 809

ROGERS

AR

72757-0809

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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