

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM
2001 SEP -4 P 12:02

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

PONTIAC COUNTY DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street)

RT 1 E - 1111

(Check if address is changed)

Box 464

GA

GA

74820

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

SHANKLIN@NEWLINE1.COM

ATLANTA.BRAVES.8@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

09 24 2001

3. FEC IDENTIFICATION NUMBER

C00329126

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

STORY ROBERTS

Signature of Treasurer

Story Roberts

Date

09 24 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.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

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 _____

Candidate Party Affiliation 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 SUB (National, State or subordinate) committee of the DEM (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

NONE _____

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/ Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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 TREASURER

Mailing Address

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

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 STORY ROBERTS

Mailing Address

ADA _____ OK 74820 - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CO CHAIR _____ Telephone number 520 - 436 - 6013

Full Name of Designated Agent EARL S. FRANK SHANKLIAN

Mailing Address
RT 2 _____
Box 137 B _____
ADA _____ OK 74820 - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 520 - 436 - 0323

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.

FIRST NATIONAL BANK AND TRUST COMPANY

Mailing Address

101 E MAIN

MDA 014 21820

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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