

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

*Eleanor Jordan*  
2704 Grand Avenue Unit #2  
Louisville, KY 40211

MAR 33 2 24 PM '99

March 24, 1999

Clerk of the House of Representatives  
Office of Records and Registration  
1036 Longworth Office Building  
Washington, DC 20515-6612

To Whom It May Concern:

Please find enclosed copies of FEC Form 1 and FEC Form 2, the Statement of Organization and Statement of Candidacy, reflecting my intention to run for the U.S. House of Representatives in the 2000 election.

According to the Code of Federal Regulations a copy of each report and statement must also be filed with the Secretary of State or the appropriate designated office. I have forwarded copies to:

Registry of Election Finance  
140 Walnut Street  
Frankfort, KY 40601

Sincerely,



Eleanor Jordan  
State Representative  
42<sup>nd</sup> District

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>ELEANOR JORDAN FOR CONGRESS</b>	2. DATE <b>MARCH 24, 1999</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>P.O. Box 21151</b>	3. FEC Identification Number _____
(c) City, State and ZIP Code <b>LOUISVILLE, KENTUCKY 40221</b>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**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<br><b>ELEANOR JORDAN</b> | Candidate Party Affiliation<br><b>DEMOCRAT</b> | Office Sought<br><b>U.S. HOUSE</b> | State/District<br><b>KY / 03</b> |
|--|--|------------------------------------|----------------------------------|
- (c) This committee supports/opposes only one candidate, \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**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 <b>CHRISTAL WILLIAMS</b>	Mailing Address <b>9942 VIEUX BARRE DRIVE #4 LOUISVILLE, KY 40223</b>	Title or Position <b>TREASURER</b>
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**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 <b>CHRISTAL WILLIAMS</b>	Mailing Address <b>9942 VIEUX BARRE DR. #4 LOU. KY. 40223</b>	Title or Position <b>TREASURER</b>
Full Name <b>LINDA MATTHEWS</b>	Mailing Address <b>1829 W. CHESTNUT ST. LOU. KY. 40203</b>	Title or Position <b>ASST. TREASURER</b>

**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. <b>REPUBLIC BANK 661 SO. HURSTBOURNE PKWY. LOUISVILLE, KY 40223</b>	Mailing Address and ZIP Code <b>(see left)</b>
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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 <b>CHRISTAL C. WILLIAMS</b>	SIGNATURE OF TREASURER <i>Christal C. Williams</i>	DATE <b>3/24/99</b>
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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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FECAND59

**FEC FORM 1**  
(revised 4/87)

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-24-97
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMU</i> PREPARER	4-2-97 DATE PREPARED