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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS

Greg Stumbo DR Exploratory Committee

ADDRESS (number and street)

(Check if address
is changed)

P.O. Box 13220
Lexington Ky 40583-3220

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

stumbo08@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.stumbo2008.com

COMMITTEE'S FAX NUMBER

859-255-0038 - Temporary

2. DATE

07 23 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

Mary Karen Stumbo

Signature of Treasurer

Mary K Stumbo

Date

07 26 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
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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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6. 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 Brian Stumba

Candidate Party Affiliation DEM Office Sought House Senate President State KY 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

4 1 0 3 4 9 5 5 5 5

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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 Greg Stumba '08 Exploratory Committee

Mailing Address Mary Karen Stumba, Treasurer
P.O. Box 13220
Lexington KY 40518-3220

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 859-230-0054

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 Mary Karen Stumba

Mailing Address 1049 Palmer Ct
Lexington Ky 40511

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 859-230-0054

Full Name of Designated Agent Mary Karen Stumba

Mailing Address 1049 Palmer Ct
Lexington Ky 40511

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 859-230-0054

27020290046

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.

Traditional Bank

Mailing Address

Lansdowne Banking Center

13353 Tates Creek Rd

Lexington Ky 40502

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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PREPARER

(3/2005)

8/1/07

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