23020350034

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
03 AUG 25 PM 12:43

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Mike Crapo for U.S. Senate

ADDRESS (number and street) P. O. Box 1948

(Check if address is changed)

Boise | ID | 83701 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

crapoforsenate@cabelone.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

CrapoforSenate.com

COMMITTEE'S FAX NUMBER

208 342 2760

2. DATE MM 08 / DD 14 / YYYY 2003

3. FEC IDENTIFICATION NUMBER C C00330886

4. IS THIS STATEMENT NEW (N) OR X (A) 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 William C. Corbett

Signature of Treasurer William C. Corbett Date MM 08 / DD 14 / YYYY 2003

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 202-694-110

FEC FORM 1
(Revised 02/2003)

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 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

Mike Crapo for U.S. Senate

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

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: **William C. Corbett**

Mailing Address: **960 Broadway, Suite 250**

Title or Position ▼ CITY ▲: **Boise** STATE ▲: **ID** ZIP CODE ▲: **83706** –

Telephone number **208** – **342** – **2667**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number – –

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

or US Senate
: 1948
D 83701-1948

CERTIFIED MAIL

7099 3220 0006 2265 4915

BOISE
AUG 15 '03
ID

U.S. POSTAGE
02.90
H METER 830727

23020350038

S000004788

OFFICE OF PUBLIC RECORDS
P. O. BOX 5109
ALEXANDRIA, VA 22301-0109

23020350039

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

_____ HAND DELIVERED _____
Date of Receipt

✓ REGISTERED/CERTIFIED MAIL 08-19-03
Postmarked

_____ RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

_____ OTHER (Specify): _____
_____ PRIORITY MAIL
_____ EXPRESS MAIL
_____ FEDERAL EXPRESS
_____ UPS
_____ AIRBORNE EXPRESS _____
Postmark and/or Date of Receipt

_____ FIRST CLASS MAIL _____
Postmarked

_____ FAX (48-HOUR NOTICES)
_____ FAX (FEC FORM #10)
_____ FAX (CAMPAIGN REPORT) _____
Date of Receipt

_____ NO POSTMARK _____ POSTMARK ILLEGIBLE

_____ RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

RD 08-25-03
Preparer Date Prepared

23020350040