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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. 12FE4M5

AMERICAN SHEEP Industry Assoc Ram PAC

ADDRESS (number and street) 9785 Maroon Cir # 360

(Check if address is changed) Englewood Co 80112

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL) www.Sheepusa.org

COMMITTEE'S FAX NUMBER 303-771-8200

2. DATE 01 25 2005

3. FEC IDENTIFICATION NUMBER C00043059

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 Glen Fisher

Signature of Treasurer Glen Fisher Date

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.

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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 (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

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Write or Type Committee Name

American Sleep Industry Assoc Ram PAC

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 Peter Orwick

Mailing Address 9785 Maroon Cir #360

Englewood CO 80112

Title or Position EXECUTIVE Director CITY STATE ZIP CODE Telephone number 303-771-3500

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 Glen Fisher

Mailing Address 9785 Maroon Cir #360

Englewood CO 80112

Title or Position Secy / Treasurer CITY STATE ZIP CODE Telephone number

Full Name of Designated Agent Vickie Gebauer

Mailing Address 9785 Maroon Cir #360

Englewood CO 80112

Title or Position Acct Coordinator CITY STATE ZIP CODE Telephone number 303-771-3500

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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.

Citywide Banks

Mailing Address

8101 E. Belleview Ave

Denver CO 80237

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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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SL
 PREPARER
 (3/2005)

12/5/05
 DATE PREPARED

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