RECEIVED
FEC MAIL ROOM

2001 MAR 30 A 9:01

Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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

SAFARI CLUB INTERNATIONAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 159

(Check if address is changed)

WAPATO, WA 98951 - 0159

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

KLGARDNER@YVN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 26 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00122101

4. IS THIS STATEMENT NEW (N) OR X 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 GLENN RASMUSSEN

Signature of Treasurer Date 03 26 2001

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 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN048.PDF

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) X 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**

SAFARI CLUB INTERNATIONAL

Mailing Address 4800 GATES PASS ROAD

TUCSON (CITY ▲) AZ (STATE ▲) 85745 - 9490 (ZIP CODE ▲)

Relationship PARENT

Type of Connected Organization:

Corporation ___ X Corporation w/o Capital Stock ___ Labor Organization

Membership Organization ___ Trade Association ___ Cooperative

Write or Type Committee Name

SAFARI CLUB INTERNATIONAL POLITICAL ACTION COMMITTEE

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: GLENN RASMUSSEN

Mailing Address: P.O. BOX 159

WAPATO | WA | 98951 - 0159

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number 509 - 877 - 3260

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: GLENN RASMUSSEN

Mailing Address: P.O. BOX 159

WAPATO | WA | 98951 - 1059

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number 509 - 877 - 3260

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.

CENTRAL VALLEY BANK

Mailing Address P.O. BOX 10207

YAKIMA | WA | 98909 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

NEVADA STATE BANK

Mailing Address P.O. BOX 990

LAS VEGAS | NV | 89125 - 0990

CITY ▲ STATE ▲ ZIP CODE ▲

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.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☑	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

kl	3-30-01
PREPARER	DATE PREPARED

(6/2000)