23020250460

SECRETARY OF THE SENATE

03 JUL -7 PM 12: 23

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

Mike Crapo for U.S. Senate

ADDRESS (number and street) P.O. Box 1945

(Check if address is changed)

Boise ID 83701 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M 04 D 30 / Y 2003

3. FEC IDENTIFICATION NUMBER C C00390886

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 WILLIAM C. CORBETT

Signature of Treasurer Electronically Filed by [signature] Date 06 30 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 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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

W/N 2003

Mailing Address P.O. Box 75103

Washington DC 20013 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Missourians for Kit Bond

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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.

First Union National Bank

Mailing Address 1970 Chain Bridge Road

McLean VA 22102 -

CITY ▲ STATE ▲ ZIP CODE ▲

23020250464

CRAPO FOR SENATE
PO BOX 1948
BOISE, ID 83701-1948

CERTIFIED MAIL

7003 1010 0002 8772 2671

UNITED STATES POSTAL SERVICE

9281

22301

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

23020250465

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7178
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** 07-02-03
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**

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Date of Receipt

RD 07-07-03
Preparer **Date Prepared**

23020250466