Mr. Corbet Miskin, CPA M.C. Heileson for Office P.O. Box 412 Rigby, ID 83442

## RECEIVED 2012 MAY 21 AM 7: 21 FEC MAIL CENTER

10 May 2012

1203081257

Federal Election Commission 999 E Street, NW Washington, DC 20463

**Re: Candidate Registration and Reporting** 

To Whom It May Concern:

On behalf of the committee of M.C. Heileson for Office, I am writing to request leniency and understanding in the tardiness of our reports and filing with the Federal Elections Commission.

Due to personal, extenuating circumstances beyond my control, I was unable to file the following FEC reports and forms on time:

- Form 1 Statement of Organization
- Form 2 Statement of Candidacy
- Form 3 Report of Receipts and Disbursements (Pre-Primary)

After making the campaign aware of the filing situation, a campaign volunteer made contact with Bradley Madsen, FEC Campaign Finance Analyst, ext. 202-694-1166, to explain the circumstances.

Mr. Madsen advised the campaign to complete the forms listed above, with a cover letter, and submit them as soon as possible via mail service. He advised that he would contact us later if the campaign could expedite receipt by sending duplicate copies via fax. Mr. Madsen further advised us to download the FEC e-File program to speed along the submission process, and to note that a campaign ID had not yet obtained, as the paperwork was in the process of being submitted.

Again, we understand that the campaign is tate in filing the appropriate forms and paperwork. However, we do request leniency and ask for understanding.

Please feel free to contact me by phone at 208-745-9006 or by email at <u>cmiskin@cableone.net</u>, should you require anything further and have any questions or concerns.

Sincerely,

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FEC FORM 1	STATEMEI ORGANIZ		RECE 2012 MAY 21 FEC MA <sup>NIL</sup>	AM 7:21
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	· · ·
MC HEILESON	FOR OFFICE			
ADDRESS (number and street)	PO BOX 412			<b>.</b> 
(Check if address is changed)			∣I <b>D    8</b> 34	442
		CITY	STATE	ZIP CODE
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COMMITTEE'S WEB PAGE AD (Check if address is changed)	dress (URL)   <b>ΨΨΨ.ΥΟτͼͲϲͰ</b> 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t Type or Print Name of Treasure	CORRET MI	-	t is true, correct and c	complete.
Signature of Treasurer			Date 05.	09° / 2012
	ANY CHANGE IN INFORMATI	ON SHOULD BE REPORTED W	/ITHIN 10 DAYS.	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion	EC FORM 1 (Revised 02/2009)

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FEC Form 1 (Revised 02/2009)	FEC	Form	1	(Revised	02/2009)	
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5.	TYPE	OF C	OMMITTEE
	Cane	didate	Committee:
	(a)	$\mathbf{X}$	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 Candi		
	Candi Party	date Affiliatio	on REP Office Sought: House Senate President District 02
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Com	imittee:
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
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		<b>2</b> .	
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FEC Form 1 (Revised 02/2009)	Base 2
Write or Type Committee Name	Page 3
MC HEILESON FOR OFFICE	
and a state of the second	e, Joint Fundraising Representative, or Leadership PAC Sponsor
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CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committ	
<ol> <li>Custodian of Records: Identify by name, address (phone numb books and records.</li> </ol>	ber optional) and position of the person in possession of committee
Mailing Address	
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Title or Position CITY	STATE ZIP CODE
TREASURER	Telephone number 208 1 - 745   9006
<ol> <li>Treasurer: List the name and address (phone number optiona any designated agent (e.g., assistant treasurer).</li> </ol>	al) of the treasurer of the committee; and the name and address of
Full Name CORBET MISKIN	
Mailing Address	
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PREPARER	DATE PREPARED
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