

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Ofc. Use Only

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

ADDRESS (Number and street) (Check if address is changed)
255 NORTH ADMIRAL BYRD RD
C/O JOHN RICHARDS
SALT LAKE CITY UT 84116
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Jrichards1@zionsbank.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.zionsbank.com

COMMITTEE'S FAX NUMBER
8013285870

2. DATE **06 / 11 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00275230**

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 **JOHN RICHARDS**

Signature of Treasurer Electronically Filed by **JOHN RICHARDS** Date **06 / 11 / 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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
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- (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

ZIONS BANCORPORATION 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 JOHN RICHARDS

Mailing Address 255 N ADMIRAL BYRD RD

SALT LAKE CITY UT 84116 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Secretary/Treasurer Telephone number 801 - 326 - 5589

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 JOHN RICHARDS

Mailing Address 255 N ADMIRAL BYRD RD

SALT LAKE CITY UT 84116 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Secretary/Treasurer Telephone number 801 - 326 - 5589

Full Name of Designated Agent Joel Ferry

Mailing Address One South Main

Salt Lake City UT 84111 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 801 - 844 - 8616

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 Δ

STATE Δ

ZIP CODE Δ