03/11/2005 18 : 01

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Idaho Democratic Party

ADDRESS (Number and Street)

PO Box 445

(Check if address is changed)

Boise | ID | 83701 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jill@idaho-democrats.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.idaho-democrats.org

COMMITTEE'S FAX NUMBER

2083361817

2. DATE 09 02 2003

3. **FEC IDENTIFICATION NUMBER** **C C00010439**

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 Stephanie Astorquia

Signature of Treasurer Electronically Filed by Stephanie Astorquia Date 03 11 2005

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) 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) X This committee is a STA (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

None

Mailing Address P O Box 445

Boise ID 83701 -

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

Idaho Democratic Party

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: Jill Ellsworth

Mailing Address: 4800 Willow Lane

Boise — CITY ▲

ID — STATE ▲

83703 — ZIP CODE ▲

Title or Position ▼

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: Stephanie Astorquia

Mailing Address: P O Box 445

Boise — CITY ▲

ID — STATE ▲

83701 — ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 208 - 336 - 1815

Full Name of Designated Agent: Barbara Barber

Mailing Address: 1385 Pioneer Road

Weiser — CITY ▲

ID — STATE ▲

83672 — ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 208 - 336 - 1815

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 ▲ STATE ▲ ZIP CODE ▲

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. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

None

Mailing Address 430 South Capitol Street, S. E.

Washington DC 20003

CITY STATE ZIP CODE

Relationship Joint Fundraising Re

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____