FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

FILED THE SENATE 2001

01 JUN 26 AM 8:13

Office Use Only

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

MIKE CRAPO FOR US SENATE

ADDRESS (number and street) PO BOX 1948

(Check if address is changed)

BOISE ID 83701

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 21 2001

3. FEC IDENTIFICATION NUMBER ▶ C00330886

4. IS THIS STATEMENT NEW (N) OR A 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 [signature] Date 06 21 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)

FE1ANN4.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) 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

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: JILL RHEAD CPA

Mailing Address: 960 BROADWAY STE 250

BOISE ID 83706-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER

Telephone number 208 342 2667

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.

WELLS FARGO BANK NORTHWEST*

Mailing Address

NA CAPITOL

PO BOX 6995

PORTLAND OR 97228-6995

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

*WELLS FARGO BANK NORTHWEST MERGED WITH FIRST SECURITY BANK N.A., WHICH WAS ONE OF THE CAMPAIGN COMMITTEE'S BANK ACCOUNTS.

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

____HAND DELIVERED_____
Date of Receipt

____FAX (48-HOUR NOTICES)_____
Date of Receipt

____INSIDE MAIL_____
Date of Receipt

____RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

____RECEIVED FROM THE FEDERAL ELECTION COMMISSION_____
Date of Receipt

✓ FIRST CLASS MAIL 6/21/01
Postmarked

____REGISTERED/CERTIFIED MAIL_____
Postmarked

____NO POSTMARK ____POSTMARK ILLEGIBLE

____ OTHER (Specify):_____
____ AIRBORNE EXPRESS
____ EXPRESS MAIL
____ FEDERAL EXPRESS
____ UPS
_____
Postmark and/or Date of Receipt

RD — 6/26/01
Preparer — Date Prepared