24020372773

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
SECRETARY OF THE SENATE
04 JUN -3 AM 11:20

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 1949

[ ] (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 06 / 03 / 2004

3. FEC IDENTIFICATION NUMBER C C00330686

4. IS THIS STATEMENT [X] 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

Signature of Treasurer Jill Rhead Date 5 / 26 / 2004

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 [X] Senate [ ] President

State: ID

District: 00

(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

N/W 2004 Committee

Mailing Address: P.O. Box 75103

CITY: Washington STATE: DC ZIP CODE: 20013

Relationship: Affiliated

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

Mike Crapo for U.S. Senate

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.

Mailing Address

CITY ^ STATE ^ ZIP CODE ^

OR SENATE
948
33701-1948

7003 2260 0004 9896 1616

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™

7003 2260 0004 9896 1616

UNITED STATES POSTAL SERVICE

9261 22301

U.S. POSTAGE PAID
BOISE, ID
83702
MAY 27, '04
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OFFICE OF PUBLIC RECORDS
P. O. BOX 5109
ALEXANDRIA, VA 22301-0109

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
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 05-25-04
Postmarked

_____RECEIVED FROM THE FEDERAL ELECTION COMMISSION_____
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
_____ PRIORITY MAIL /WITH CONFIRMATION SHEET
_____ EXPRESS MAIL
_____ FEDERAL EXPRESS
_____ UPS
_____ AIRBORNE EXPRESS_____
Postmark

_____ PRIORITY MAIL (NO CONFIRMATION)_____
Date of Receipt

_____FIRST CLASS MAIL_____
Date of Receipt

_____FAX _____
Date of Receipt

_____NO POSTMARK _____POSTMARK ILLEGIBLE

_____OTHER_____
Date of Receipt

RD 06-03-04
Preparer Date Prepared

24020372779