



Action Committee  
for Rural Electrification

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2004 MAR 23 A 9 48

February 18, 2004

Federal Election Commission  
999 E. Street N.W.  
Washington, D.C. 20463

RE: Statement of Organization -- Change in Treasurer

Enclosed is a Statement of Organization to reflect a change in treasurer for the Action Committee for Rural Electrification/Missouri Cooperatives. (FEC Identification C00008169)

I will replace Pam Gilmore as treasurer. Per my inquiry to the FEC, I was told I need to only fill out the areas on the Statement of Organization that have changed. The treasurer status is the only change.

If you have any questions, please contact me at 573-635-6857, extension 3415.

Sincerely,

Linda Bolten  
Action Committee for Rural Electrification/Missouri Electric Cooperatives

cc: Missouri Ethics Commission

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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing type  
over the lines.

12PB4M5

ACTION COMMITTEE FOR RURAL ELECTRIFICATION  
MISSOURI ELECTRIC COOPERATIVES

ADDRESS (number and street)

2722 EAST MCCARTY

(Check if address  
is changed)

JEFFERSON CITY

MO

65101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

573-4659-3411

2. DATE

03 18 2004

3. FEC IDENTIFICATION NUMBER ▶

000008169

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

Linda Bolton

Signature of Treasurer

Linda Bolton

Date

03 18 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §487g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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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)  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 LINDA BOLTEN  
 Mailing Address PO BOX 1645  
JEFFERSON CITY MO 65102  
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
MEMBER SERVICES MGR. Telephone number (573)-635-1685

Full Name of Designated Agent \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 \_\_\_\_\_ Telephone number \_\_\_\_\_

3. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	3-23-04
PREPARER	DATE PREPARED

(2/2004)