

2005 AUG -8 A 11:44

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.

12FE4M5

JOHN S. JOHNSON FOR IDAHO

ADDRESS (number and street)

P.O. BOX 71807



(Check if address
is changed)

BOISE

ID

83707-1807

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

KEITHJOHNSON@TMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL):

WWW.JOHNSON4IDAHO.COM

COMMITTEE'S FAX NUMBER

208-384-1145

2. DATE

07 / 29 / 2005

3. FEC IDENTIFICATION NUMBER ►

C

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 CORDELL R. CHIGBROW

Signature of Treasurer

CordeLL R Chigbrow

Date

07 / 29 / 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

KEITH JOHNSON

Candidate Party Affiliation

REP

Office Sought

☒

House

☐

Senate

☐

President

State

ID

District

01

- (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 KEITH JOHNSONMailing Address P.O. BOX 331BOISE ID 83701

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CANDIDATETelephone number 208 - 284 - 9712

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 CORDELL CHICBROWMailing Address 1087 W. RIVER ST STE 310BOISE ID 83702

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURERTelephone number 208 - 384 - 1040

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.

HOMELAND FEDERAL BANK

Mailing Address

P.O. BOX 190

NAMPIA

ID

8136153

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
	8/8/05
PREPARER	DATE PREPARED

(3/2005)