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Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

Hand for Wyoming

ADDRESS (number and street) 16920 Lupine Trail

(Check if address is changed) P.O. Box 1461

Wilson WY 83014

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
hand@handforwyoming.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.handforwyoming.com

COMMITTEE'S FAX NUMBER
3301-121-17462

2. DATE 01 26 2004

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 Leslie Paterson

Signature of Treasurer Leslie Paterson 1/24/04 Date 01 24 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.

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: Edward Leavelle ("Ted") Leavelle

Candidate Party Affiliation: DEM Office Sought: House Senate President

State: MD 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 _____
 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 Leslie Peterson
 Mailing Address 100 Box 548
Wilson W. 3014
Wilson WV 26018-0548
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 307-732-1201

Full Name of Designated Agent Stephanie Thomas
 Mailing Address P.O. Box 14059
JACKSON WY 83002
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Campaign coordinator Telephone number 307-690-8727

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.

Jackson State Bank

Mailing Address

P.O. Box 1738

Jackson WY 83001

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Statement of Formation By
Candidate's Campaign Committee
W.S. 22-25-101(b)

This form can be accessed on the Secretary of State's WEBSITE at:
<http://sos.ny.state.ny.us/election/forms.htm>

Do you currently have a campaign committee that has not yet terminated? Yes No

If yes, Name of Committee K

Name of New Committee Ladd for Wyoming

Mailing Address Po Box 1130 Wilson, WY 83014 Phone (307) 732-3200

E-mail Address ted@laddforwyoming.com
Website www.laddforwyoming.com

Date Committee Formed 1/26/04

Name of Chairman

(Must be separate individuals)

Name of Treasurer

Sandy Shuptrine

Jackie Peterson

1155 E. PARQUINE RD

Residence Address

5290 Mt. Shadow Drive

PO Box 1154, JACKSON WY 83001

Mailing Address

PO. Box 528, Wilson, WY 83014

307 733 6571

Phone

(307) 733-3016

Complete the Appropriate Statement:

Committee formed before an election to support the following candidate:
Name and Party Affiliation Edward Lowell (Ted) Ladd, Democrat
Office Sought U.S. House of Representatives

Committee formed after an election to defray campaign expenses for the following candidate:
Name and Party Affiliation _____
Office Sought _____

I certify that I have examined this statement, and to the best of my knowledge and belief, it is true, correct and complete.

Sandy Shuptrine
Signature of Chairman or Treasurer

1/26/04
Date

See reverse side for instructions

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>1-26-04</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JK</i> PREPARER	<i>2-1-04</i> DATE PREPARED