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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.

12FE4M5

Citizens 4 Change

ADDRESS (number and street)

(Check if address
is changed)

c/o Accountex CPA's P.C.

835 Main Ave Ste 204

Durango CO 81301

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@laplata4kerry.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

laplata4kerry.org

COMMITTEE'S FAX NUMBER

970-259-5780

2. DATE

07 15 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 Virginia Miller Cavanagh

Signature of Treasurer

Date

07 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g

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 800-424-0630
Local 202-554-1100

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 John Kerry

(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

None

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

Citizens 4 Change

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 Martha E. Fisher
 Mailing Address 8399 County Rd. 203
Durango CO 81301
 Title or Position Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 970-249-4977

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 Virginia Miller Cavanaugh
 Mailing Address 5111 County Rd. 2511
Durango CO 81301
 Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 970-247-8684

Full Name of Designated Agent Walter M. Dear
 Mailing Address 492 County Rd. 202
Durango CO 81301
 Title or Position Coordinator CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 970-259-0325

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, makes accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First National Bank of Durango

Mailing Address

P.O. Box 2910

Durango CO 81302-2910

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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<i>JL</i> PREPARER	7-26-04 DATE PREPARED