

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: Let's Get It Dunn!	☐ (Check if name is changed)	2. DATE 07-08-99
(b) Number and Street Address P.O. Box 16187	☐ (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code Salt Lake City, Utah 84116-0187		4. Is This Report An Amendment? ☐ YES ☐ NO

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COMMISSION MAIL ROOM

JUL 12 11 17 AM '99

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
Donald K. Dunn | Candidate Party Affiliation
Democrat | Office Sought
US Rep. | State/District
UT-03 |
|-------------------------------------|---|--------------------------|-------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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
Donald K. Dunn	P.O. Box 16187 SLC, UT 84116	Candidate

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	Mailing Address	Title or Position
Susan C. McHugh	7676 N. Redwood Rd, Lehi, UT 84043	Treasurer
Rachelle Dunn	PO Box 16187, SLC, UT 84116	Asst. Treasurer

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 and ZIP Code
First Security Bank	99 W. Main St., Lehi, UT 84043

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 Susan C. McHugh	SIGNATURE OF TREASURER <i>Susan C. McHugh</i>	DATE 7/8/99
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEBAN121

FEC FORM 1
(revised 4/87)

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.

☐ Hand Delivered	Date of Receipt
☐ First Class Mail	POSTMARKED
☒ Registered/Certified Mail	POSTMARKED 7-7-99
☐ No Postmark	
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☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	
<i>See</i>	<i>2/8/99</i>
PREPARER	DATE PREPARED