

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | | |
|--|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL WES COOLEY FOR CONGRESS '98 | <input checked="" type="checkbox"/> (Check if name is changed) | 2. DATE 03/10/98 |
| (b) Number and Street Address P. O. BOX 115 | <input type="checkbox"/> (Check if address is changed) | 3. FEC IDENTIFICATION NUMBER #C00301028 |
| (c) City, State and ZIP Code POWELL BUTTE, OR 97753 | | 4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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 (Wes Cooley) Wester Shadric Cooley | Candidate Party Affiliation Republican | Office Sought House of Reps. | State/District OR -2ND |
|--|--|--|----------------------------------|

- (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.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|------------------------------|--------------|
| NONE | | |

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 |
|---------------------------|---|-------------------|
| Carole D. Ashcraft | 62950 Schmidt Road Alfalpa, OR 97701 | Treasurer |

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 |
|---------------------------|---|-------------------|
| Carole D. Ashcraft | 62950 Schmidt Road Alfalpa, OR 97701 | 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 |
|--------------------------------|---|
| Wells Fargo Bank | P.O. Box 250 Redmond, OR 97756 |

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 Carole D. Ashcraft | SIGNATURE OF TREASURER <i>Carole Ashcraft</i> | DATE 03/10/98 |
|--|--|-------------------------|

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.

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For further information contact:
Federal Election Commission
Toll-free 800-424-6530
Local 202-375-3120

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.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 3-10-98 |
| <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>SES</i> PREPARER | 3-16-98 DATE PREPARED |