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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.

12FB4M5

Boone County Committee to Elect Linda  
Jacobson

ADDRESS (number and street)

PO BOX 191

(Check if address  
is changed)

Cottleville

MO

63338-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

636-928-1401

2. DATE

05 20 2004

3. FEC IDENTIFICATION NUMBER ▶

0

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

CRAIG A. DALY

Signature of Treasurer

*Craig A. Daly*

Date

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 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 1/22/03)

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 Linda F. Jacobson

Candidate Party Affiliation: DEM Office Sought:  House  Senate  President State: MD District: 04

- (c) This committee supports/opposes any 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 IRAZA WINKS

Mailing Address 17405 Maryland Ave

St. Louis MO 63130

Title or Position  CITY  STATE  ZIP CODE

Assistant Treasurer Telephone number 314-863-5610

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 CRAIG A DAILY

Mailing Address 2115 OLDE SAYBROOK DR

St. Charles MO 63301

Title or Position  CITY  STATE  ZIP CODE

Treasurer Telephone number 636-724-0068

Full Name of Designated Agent

Mailing Address

Title or Position  CITY  STATE  ZIP CODE

Telephone number

8 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.

First Bank - St. Charles

Mailing Address

1120 Jefferson Ave

St. Charles MO 63301

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JM 10</i> PREPARER	6-1-04 DATE PREPARED