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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.

1.2 FIB4MS

D.V.S.H. M.V.S.T.G. 600 B

ADDRESS (number and street)

115 THE COMMONS

(Check if address
is changed)

LEHICGA NY 14850

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

D.V.S.H.M.V.S.T.G.02003@4FH20.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.house.org

COMMITTEE'S FAX NUMBER

2. DATE 03 23 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 Peter A. Meyers Peter A Meyers

Signature of Treasurer Peter A. Meyers Date 03 23 2004

NOTE: Submission of false, incorrect, 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 RE-REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

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 Abbreviation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate GEORGE W. BUSH _____

(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 _____

Main Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

Bush Must Go

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 PETER A MEYERS

Mailing Address 115 THE COMMONS
ITHACA NY 14850

Title or Position CHAIRMAN CITY STATE ZIP CODE

Telephone number (607) 251-9733

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 PETER A MEYERS

Mailing Address 115 THE COMMONS
ITHACA NY 14850

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number (607) 251-9733

Full Name of Designated Agent CARL FEDER

Mailing Address 510 FIRST STREET
ITHACA NY 14850

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number (607) 251-9733

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.

ALTERNATIVES FEDERAL CREDIT UNION

Mailing Address

125 N FULTON STREET

MINNAPCA MN 55450

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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PREPARER	DATE PREPARED

(2/2004)