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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 FRAMS

LIZ VANLEEUWEN FOR CONGRESS

ADDRESS (number and street)

27070 IRISH BEND LN

(Check if address
is changed)

HALSEY

OR

97546

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

VANLEEUWEN@NET.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

03 25 2002

3. FEC IDENTIFICATION NUMBER ▶

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

CLINTON J BENTZ

Signature of Treasurer

Date

03 29 2002

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.

Office
Use
Only

For further information contact:
Federal Election Commission
202 Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 4/01)

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 LIZ VANLEEUWEN

Candidate Party Affiliation REP Office Sought House Senate President State OR District 4

- (c) This committee supports/opposes only 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

LIZ VANLEEUWEN FOR CONGRESS

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 CITY STATE ZIP CODE

TREASURER Telephone number _____

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 **CLINTON J BENIZ**

Mailing Address **408 N. THIRD AVE.**

STAYTON **OR** **97383**

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number **503** - **769** - **2186**

Full Name of Designated Agent **KOBLEMAN**

Mailing Address **33926 SUNSET VIEW DRIVE**

SEED **OR** **97373**

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number **561** - **666** - **3838**

BOEING ELECT. DIV. FILE

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.

US BANK

Mailing Address

480 N. THIRD AVE.

STAYTON OR 97383

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 Commission has added this page to the end of this filing to indicate how it was received.

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