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Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF
COMMITTEE (In Full)

(Check if name
is changed)

Examples: If typing, type
over the lines.

12FE4MS

FOOTHILLS DEMOCRATS

ADDRESS (number and street)

POST OFFICE BOX 5913

(Check if address
is changed)

CAREFREE

AZ 85377-5913

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@FOOTHILLSDENOCRATS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FOOTHILLSDENOCRATS.COM

COMMITTEE'S FAX NUMBER

2. DATE 03 03 2004

3. FEC IDENTIFICATION NUMBER ▶ C00395483

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have read this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARENE K. CREMEENS

Signature of Treasurer *Marene K. Cremeens*

Date 03 03 2004

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
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
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 Affiliation

Office Sought:

House

Senate

President

State

District

(c)

This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(National, State or subordinate) committee of the

(Democratic, Republican, etc.) Party.

(d)

This committee is a

(e)

This committee is a separate segregated fund.

(f)

X

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

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

FOOTHILLS DEMOCRATS

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 MARENE K CREMEENS

Mailing Address POST OFFICE BOX 5801

CAREFREE AZ 85377-15801

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 480-595-9023

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 MARENE K CREMEENS

Mailing Address POST OFFICE BOX 5801

CAREFREE AZ 85377-15801

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 480-595-9023

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position Telephone number

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.

NATIONAL BANK OF ARIZONA

Mailing Address

POST OFFICE BOX 80440

PHOENIX

AZ

85060-0440

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

STATE FARM BANK

Mailing Address

POST OFFICE BOX 2316

BLOOMINGTON

IL

61702-0001

CITY ▲

STATE ▲

ZIP CODE ▲

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

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