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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (In full) (Check if name is changed) Exempt: If typing, type over the lines. 12FB4M5

HEMLEY FOR CONGRESS

ADDRESS (number and street) (Check if address is changed)
123 WEST 1ST STREET
SUNTIDE ISD
CASPER WY 82401

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

J.D.H.A. @ HEMLEY.FOR.CONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HEMLEY.H.CONGRESS.COM

COMMITTEE'S FAX NUMBER

307-1266-1300

2. DATE 04 08 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 ROBERT M. SHIVELY

Signature of Treasurer [Handwritten Signature] Date 04 08 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 JOHN I. HENLEY

Candidate Party Affiliation DEM Office Sought House Senate President State WY District _____

- (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 Donor's 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 ROBERT M. SHIVELY

Mailing Address 1123 WEST 1ST STREET
SUITE 550
CASPER WY 82401

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 307-266-5000

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 ROBERT M. SHIVELY

Mailing Address 1123 WEST 1ST STREET
SUITE 550
CASPER WY 82401

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 307-266-5000

Full Name of Designated Agent ROBERT M. SHIVELY

Mailing Address 1123 WEST 1ST STREET
SUITE 550
CASPER WY 82401

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

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.

WELLS FARGO BANK WYOMING NA

Mailing Address

234 E 1ST STREET

CASPER

WY

82401

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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