

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.

12FE4M5

SKIP BRANDT FOR IDAHO

ADDRESS (number and street)

PO BOX 296

(Check if address is changed)

KOOSKIA

ID

83539

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

VOTE@SKIPBRANDT.US

COMMITTEE'S WEB PAGE ADDRESS (URL)

SKIPBRANDT.US

COMMITTEE'S FAX NUMBER

2. DATE

07/13/2005

3. FEC IDENTIFICATION NUMBER ▶

C00411645

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

John Schurbon

Signature of Treasurer

John Schurbon

Date

07/13/2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission TRM Free 800-424-9630 Local 202-804-1100

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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: ROCKY SKIPPER BRANDT

Candidate Party Affiliation: REP Office Sought: House Senate President State: ED District: 07

- (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

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Write or Type Committee Name

SKIP BRANDT FOR IDAHO

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

JOHN SCHURBON

Mailing Address

P.O. BOX 156

KODSKIA

IDA

83539-0156

Title or Position

CITY

STATE

ZIP CODE

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

JOHN SCHURBON

Mailing Address

P.O. BOX 156

KODSKIA

IDA

83539-0156

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

208-926-4406

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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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.

STERLING SAVINGS BANK

Mailing Address

PO BOX A

KOOSKIA

IA

83539

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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 FOR INCOMING DOCUMENTS**

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