

SECRETARY OF THE SENATE
08 APR 29 PM 1:54

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

ROTHFUSS FOR SENATE

ADDRESS (number and street) PO BOX 1364

(Check if address is changed) MILLS WY 82644-1364

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ROTHFUSSFORSENATE@GMAIL.COM

RFSTREASURER@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ROTHFUSSFORSENATE.COM

COMMITTEE'S FAX NUMBER

307-473-2222

2. DATE 03 28 2008

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 H. BRAUT ROTHFUSS

Signature of Treasurer  Date 03 28 2008

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 Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 CHRISTOPHER J ROTHFUSS

Candidate Party Affiliation DEM Office Sought: House Senate President State WY District 02

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

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number
5. _____ FEC ID number

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

H BRANT ROTHFUSS

Mailing Address

PO BOX 1364

[Empty grid lines for address]

MILLS WY 82644-1364

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

307-262-2935

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

H BRANT ROTHFUSS

Mailing Address

PO BOX 1364

[Empty grid lines for address]

MILLS WY 82644-1364

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

307-262-2935

200202242006

Full Name of Designated Agent

H JOHN ROTHFUSS

Mailing Address

4820 COATES RD

CASPER

CITY

WY

STATE

82604-

ZIP CODE

Title or Position

ASST TREASURER

Telephone number

307-237-3935

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.

FIRST INTERSTATE BANK

Mailing Address

PO BOX 2990

MILLS

CITY

WY

STATE

82644-

ZIP CODE

2990

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

ROTHFUSS FOR SENATE
PO BOX 1364
MILLS NY 82644

LN 4-26-08

CERTIFIED MAIL™



7007 2680 0001 0546 4221



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PAID
MILLS, NY
82644
APR 22, 08
AMOUNT

\$5.21

00024278-02

**RETURN RECEIPT
REQUESTED**

OFFICE OF PUBLIC RECORDS
PO BOX 5109
X-RAYED

ALEXANDRIA, NY
IN THE SENATE

POST OFFICE

2230530109 8004



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ENR1

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED 04-22-08
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 04-29-08

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