

RECEIVED  
FEDERAL  
ELECTION CENTER  
788 OCT 27 A 10 51

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(House Use Only)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. 12FE4M15

Jackie Winters for Congress 2004, Inc.

ADDRESS (number and street) PO Box 4760

(Check if address is changed) Salem OR 97302

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 503-587-7870

2. DATE 10 23 2003

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 Warren J. Thompson

Signature of Treasurer [Signature] Date 10 23 2003

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 Tel: Free 800-424-9530 Local 202-684-1100 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: Jackie Winters

Candidate Party Affiliation: REP      Office Sought:  House       Senate       President      State: OR      District: 05

- (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

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

Jackie Winters for Congress 2004, Inc.

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: Treasurer

Mailing Address: [Empty address lines]

Title or Position: CITY STATE ZIP CODE

Telephone number: [Empty phone 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: Warren J. Thompson

Mailing Address: 805 Liberty Street NE, Salem, OR 97301

Title or Position: CITY STATE ZIP CODE

Treasurer: Telephone number: 503-378-1120

Full Name of Designated Agent: Brian Rangitsch

Mailing Address: 805 Liberty Street NE, Salem, OR 97301

Title or Position: CITY STATE ZIP CODE

Asst. Treasurer: Telephone number: 503-378-1120

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.

Umpqua Bank

Mailing Address

245 Commercial Street SE

Salem OR 97301

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.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>11-27-03</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>AMU</i> PREPARER		<i>11-27-03</i> DATE PREPARED