

07 JAN 17 PM 1:55

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.

12FE1M5

FRIENDS OF CRAIG THOMAS THE THOMAS SENATORIAL COMMITTEE

ADDRESS (number and street)

2780 OLIVE DR

(Check if address is changed)

CHEYENNE WY 82001

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

SEN. CRAIG THOMAS@BRESNAN.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

307-432-0546

2. DATE

01 03 2007

3. FEC IDENTIFICATION NUMBER

C00287953

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

Signature of Treasurer

Handwritten signature of GARY GERINGER

Date

01 03 2007

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 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 KRATIG, THOMAS

Candidate Party Affiliation  REP      Office Sought:  House  Senate  President      State  W.V.      District  00

- (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

27020011310

Write or Type Committee 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 GALE A. GERINGER

Mailing Address 2780 OLIVE DR  
CHEYENNE WY 82001

Title or Position  CITY  STATE  ZIP CODE

TREASURER Telephone number 307-634-8195

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 GALE A. GERINGER

Mailing Address 2780 OLIVE DR  
CHEYENNE WY 82001

Title or Position  CITY  STATE  ZIP CODE

TREASURER Telephone number 307-422-0527

Full Name of Designated Agent

Mailing Address

Title or Position  CITY  STATE  ZIP CODE

Telephone number

27020011311

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 STATE BANK OF WHEATLAND

Mailing Address

PO BOX 39

WHEATLAND WY 82210

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

JACKSON STATE BANK

Mailing Address

PO BOX 1788

JACKSON WY 82201

CITY ▲

STATE ▲

ZIP CODE ▲

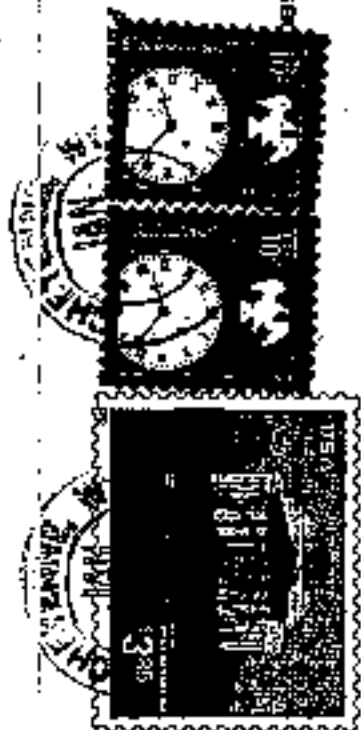
27020011312

**Prepaid Flat Rate Envelope**  
**OR PICKUP CALL 1-800-222-1811**

Rate postage regardless of weight, destination or type of mailable material enclosed.

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY



**PRIORITY MAIL**

UNITED STATES POSTAL SERVICE™

ps.com

27020011313

**POSTAGE PRE-APPLIED**  
 PAYMENT METHOD  
 APPROVED  
 ADDITIONAL POSTAGE  
 REQUIRED IF THIS MAIL  
 IS OPENED

CONVERTIBLE ADDRESS-AREA

Type of print return address and business routing slip in designated area only.

in designated area only.

on label.

ROY  
 2190 OLIVE  
 WYOMING, WY  
 82001



OFFICE OF Public Records  
 P.O. Box 5109  
 ALEXANDRIA, VA  
 22301-0109

3. ATTACH LABEL (optional)

Remove label backing and affix to designated location.

4. ACCEPTANCE

Bring your Priority Mail package to a post office, present it to your letter carrier, or call 1-800-222-1811 for pickup service. You may deposit your package in a Callcenter Box only if it weighs less than 16 ounces.

▲ Complete address information or piece label here ▲

**The Prepaid Flat Rate Envelope.**

One low price\* for fast delivery anywhere in the U.S., regardless of weight.

21E1T002042

NANCY ERICKSON  
SECRETARY

PAMELA S. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7118  
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 \_\_\_\_\_  
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

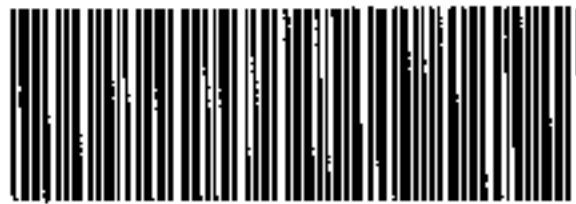
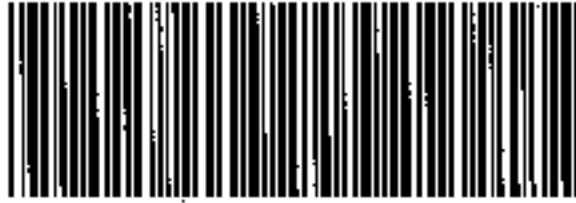
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER ELW DATE PREPARED 1/17/07

27020011314

27020011315



27020011315