

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2001 JUN -8 A 9 00

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SECRETARY OF THE SENATE
JUN 11 10:21 AM '01

COMMITTEE TO ELECT MEL LOGAN

ADDRESS (number and street)

460 W LOUCKS

(Check if address is changed)

SHERIDAN

WY

82801

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

mlogan@wave.com.net

COMMITTEE'S WEB PAGE ADDRESS (URL) NONE

2. DATE

6 31 2001

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

Replacement for lost form

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

Kathy Logan or Katherine Logan

Signature of Treasurer

Katherine A Logan

Date

05 31 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 MELVIN A LOGAN

Candidate Party Affiliation DEM Office Sought: House Senate President State NY 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 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

NA

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 _____

Mailing Address _____

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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____-_____-_____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ 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.

SHERIDAN STATE BANK

Mailing Address

PO BOX 6268

29 North Gould

SHERIDAN WY 82801

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**POST OFFICE
TO ADDRESSEE**



Customer Copy
Valid 1-1-03 May 2000

SEND IN POSTAL USE ONLY

PO ZIP Code	Day of Delivery <input type="checkbox"/> next <input type="checkbox"/> second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 1st class <input type="checkbox"/> 2nd	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 3rd class <input type="checkbox"/> 4th class	Return Receipt Fee
Weight Lbs. Ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS**

CUSTOMER USE ONLY

Signature of Payer (Print Name) _____
 Express Mail Corporate Acct. No. _____
 Signature of Addressee (Print Name) _____
 Return Receipt Fee _____

FROM: (Please Print) _____

TO: (Please Print) _____

 Secretary of the State
 Office of Public Records
 232 Hart Senate Office Bldg
 Washington DC 20510-7116

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Secretary of the State
 Office of Public Records
 232 Hart Senate Office Bldg
 Washington DC 20510-7116

POST OFFICE COMPLETE THIS SECTION

A. Received by (Please Print Clearly) _____
 B. Date of Delivery _____
 Agent
 Addressee

D. Is delivery address different from item 1?
 Yes
 No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7099 3220 0000 8405 7972

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt _____

FAX (48-HOUR NOTICES) _____
Date of Receipt _____

INSIDE MAIL _____
Date of Receipt _____

RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER _____
Date of Receipt _____

RECEIVED FROM THE FEDERAL ELECTION-
COMMISSION _____
Date of Receipt _____

FIRST CLASS MAIL _____
Postmarked _____

REGISTERED/CERTIFIED MAIL 6/4/01
Postmarked _____

NO POSTMARK POSTMARK ILLEGIBLE

OTHER (Specify): _____

AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS

Postmark and/or Date of Receipt

RD _____
Preparer Date Prepared

6/11/01
Date Prepared