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Office Use Only

FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: Is typing, type over the lines. 123456789

DIANE PRESCOTT FOR CONGRESS

ADDRESS (number and street) 203 S. CANDY LANE #1A

(Check if address is changed)

COXTONWOOD AZ 86326

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
prescottfc@comspeed.net

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.prescottforcongress.com

COMMITTEE'S FAX NUMBER
928-649-0252

2. DATE 07 01 2003

3. FEC IDENTIFICATION NUMBER C

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 CAROLE MACLEZ

Signature of Treasurer *Carole Maclezy* Date: 07 02 2003

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 800-424-9600, 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 DIANE PRESOTT

Candidate Party Affiliation DEM Office Sought: House Senate President State AZ District 01

- (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

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: ROBERT WINNEAN

Mailing Address: 203 CANNY LANE #1A

COTTONWOOD AZ 86326

Title or Position CITY STATE ZIP CODE

Telephone number 926-649-0968

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: CAROL WAGLEY

Mailing Address: PO BOX 1029

CORNVILLE AZ 86325-1029

Title or Position CITY STATE ZIP CODE

Telephone number 928-634-3390

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.

BANK OF AMERICA

Mailing Address

511 S MAIN ST

COTTONWOOD AZ 86326

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

