FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM
2001 OCT -9 A 11:30

Office Use Only

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

C/E 2001 Committee

ADDRESS (number and street) ▼ P.O. Box 2775

[ ] (Check if address is changed)

Cody | WY | 82414 | -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 08 01 2001

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 Karen E. McCreery

Signature of Treasurer Karen E. McCreery Date 09 10 2001

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 1/01)

FE1AN046.PDF

5. TYPE OF COMMITTEE (Check One)

Continued on Page 2A

(a) [ ] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [X] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Barbara L. Cubin

Candidate Party Affiliation: REP

Office Sought: [X] House [ ] Senate [ ] President

State: WY

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) [X] 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

Continued on Page 2A

Cubin For Congress Inc.

Mailing Address: P.O. Box 4657

Casper | WY | 82604 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Joint Fundraising Participant

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

5. TYPE OF COMMITTEE (Check One) Continued from Page 2

(a) [ ] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [X] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Michael B. Enzi

Candidate Party Affiliation: REP

Office Sought: [ ] House [X] Senate [ ] President

State: WY

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) [X] 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 Continued from Page 2

Enzi for U.S. Senate

Mailing Address: P.O. Box 2775

Cody | WY | 82414 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Joint Fundraising Participant

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: Treasurer

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: Karen E. McCreery

Mailing Address: P.O. Box 2775

Cody | WY | 82414

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: 307 - 527 - 5787

Full Name of Designated Agent: June V. Tope

Mailing Address: P.O. Box 2775

Cody | WY | 82414

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Assistant Treasurer

Telephone number: 307 - 527 - 5787

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.

Community First National Bank

Mailing Address 1130 Sheridan Ave.

Cody | WY | 82414 -

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10-9-01
DATE PREPARED

(6/2000)