

RECEIVED
FEDERAL ELECTIONS
COMMISSION MAIL ROOM

JUL 20 11 55 AM '99

MEMORANDUM

TO: Federal Election Commission
FROM: Scott West *Scott West*
DATE: July 6, 1999
RE: NEW TREASURER

As of July 6, 1999 the new Treasurer of the West For Congress Campaign is:

Robin West

Campaign Address:

P O Box 1000
Stevens Point, WI 54481

Robin West

Robin West

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL West for Congress	<input type="checkbox"/> (Check if name is changed)	2. DATE 7-6-99
(b) Number and Street Address P O Box 1000	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number C00292896
(c) City, State and ZIP Code Stevens Point WI 54481	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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
Scott West | Candidate Party Affiliation
Republican | Office Sought
U S House | State/District
WI-7 |
|----------------------------------------|--------------------------------------------------|-----------------------------------|-------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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
David Bowser	P O Box 1000	Manager

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	Mailing Address	Title or Position
Robin G. West	P O Box 1000	Treasurer

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.	Mailing Address and ZIP Code
F & M Bank	5597 Hwy 10 E, P O Box 808, Stevens Point, WI 54481

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 Robin G. West	SIGNATURE OF TREASURER <i>Robin West</i>	DATE 7-6-99
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN121

FEC FORM 1
(revised 4/87)

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-15-99
<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>JMU</i> PREPARER	 7-20-99 DATE PREPARED