## **FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

consider orange Bud's so

NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. HERROD FOR U.S. ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) CISQHER, 50,0,2,0,12. COM (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ŹŎĬŽ 2. DATE **FEC IDENTIFICATION NUMBER** 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 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 For further information contact: **FEC FORM 1** Federal Election Commission Use Toll Free 800-424-9530 (Revised 02/2009)

Local 202-694-1100

W. 20041 **(1)** 

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FEC FC	IIII 1 (Hevised 02/2009)		Page Z
	OMMITTEE Committee:		
(a)	This committee is a principal campa	sign committee. (Complete the candidate information b	elow.)
(b)	This committee is an authorized corinformation below.)	mmittee, and is NOT a principal campaign committee.	(Complete the candidate
Name of Candidate	Chr.1, stopher	Nules Herrad	
Candidate Party Affiliat	on REP Office Sought:	House <b>X</b> Senate Preside	State UT
(c)	This committee supports/opposes of	nly one candidate, and is NOT an authorized committe	ee.
Name of Candidate			
Party Cor	nmittee:		
(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):		
(e)	This committee is a separate segre	gated fund. (Identify connected organization on line 6.) I	ts connected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Trade Association	Cooperative
	In addition, this comm	nittee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes m committee. (i.e., nonconnected comm	nore than one Federal candidate, and is NOT a separa	ate segregated fund or party
	In addition, this committee is	a Lobbyist/Registrant PAC.	
	In addition, this committee is	a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:		
(g)		pays fundraising expenses and disburses net proceeds e of which is an authorized committee of a federal candi	
(h)	This committee collects contributions,	pays fundraising expenses and disburses net proceeds	
	-	ich is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fund		
1.		FEC ID number C	
2.		FEC ID number C	
3.		FEC ID number C	
4.		FEC ID number C	

FEC POINT 1 (A	Nevised 02/2009)	Page 3	
Write or Type Committee Name			
6. Name of Any Conne	nected Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor	
Mailing Address			
Maining Address			
		<del> </del>	
	CITY STATE	ZIP CODE	
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representativ	ve Leadership PAC Sponsor	
<ol> <li>Custodian of Record books and records.</li> </ol>	ds: Identify by name, address (phone number optional) and position of the pers	son in possession of committee	
Full Name	<u> </u>	<u> </u>	
Mailing Address			
		<u> </u>	
Title or Position	CITY STATE	ZIP CODE	
	Telephone number		
<ol> <li>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).</li> </ol>			
Full Name of Treasurer	ANS VERLAN ANDERSEN JR		
Mailing Address	17.24 S. 165 W		
		<u> </u>	
	CITY STATE	8,405  8 -     ZIP CODE	
Title or Position	RERIED Telephone number 80	1-12251-10396	

Full Name of Designated Agent			111111
Mailing Address			
			1 1 1 1 1 1 1 1
	CITY	STATE	ZIP CODE
Title or Position	<u>i                                     </u>	lephone number	
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.			
Ame	riiciaWeist Biank	<u> </u>	
Mailing Address	North Provo fun	ancial Co	nitier
	12/19/1 N. Clanyon	R.d.	
	PINIONIO	ווע ויי	184604-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Line		1 1 1 1 1 1 1 1	
Mailing Address			
J		† † † † † † † † †	
	CITY	STATE	ZIP CODE

125 Crestview Ave rovo, U**II**84604-4716

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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT W	/AS:
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