## 5020322469

FEC FORM 1

## STATEMENT OF ORGANIZATION

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| FORM 1                               |                 | ORGANIZA                                    | ATION   | 13 JOF            | Office Use Only  |
|--------------------------------------|-----------------|---|---|-------------------|--|
| NAME OF COMMITTEE (in                | ı full)         | (Check if name is changed)                  | Example:If typing, type over the lines.                                 | 12FE4M            | percentarion primario primario 15<br>15<br>de melheran disense disense d |
| Cheney Fo                            | or Wyo          | ming  |   | 1. 1. 1. 1. 1     | <u> </u>   |
|                                      | 1 1 1           |   |   | 1111              |  |
| ADDRESS (number and street)          |                 | P.O. Box 457                                |   |                   | 1 1 1 1 1 1  |
| (Check if ac is changed)             |                 | Casper                                      |   | WY                | 82602  |
|                                      |                 | -   | CITY  | STATE             | ZIP CODE   |
| COMMITTEE'S E-MA (Check if is change | address         | S (Please provide only one e-<br>mark@chene | mail address)  yforwyoming,co   | om, , ,           |  |
| COMMITTEE'S WEB                      | PAGE ADD        | RESS (URL)                                  |   |                   |  |
| (Check if is change                  |                 |   |   |                   |  |
| 2. DATE 07                           | 7] <u>[</u> 15] | 2013.                                       |   |                   |  |
| 3. FEC IDENTIFIC                     | CATION NUI      | MBER C.                                     | analymmentalymmentalymment  |                   |  |
| 4. IS THIS STATEM                    | MENT 🔀          | NEW (N) OR                                  | AMENDED (A)   |                   |  |
| I certify that I have e              | examined this   | s Statement and to the best                 | of my knowledge and belief  | it is true, corre | ect and complete.  |
| Type or Print Name                   | of Treasurer    | Mark Vincent                                |   |                   |  |
| Signature of Treasure                | er <u>7</u>     | Mark E. Vi                                  | rent  | Date Ö            | 7"   '   15"   '   2013   `  |
| NOTE: Submission of                  |                 |   | may subject the person signing ON SHOULD BE REPORTED V                  |                   | to the penalties of 2 U.S.C. §437g.                                      |
| Office<br>Use<br>Only                |                 |   | For further information Federal Election Commiss Toll Free 800-424-9530 |                   | FEC FORM 1<br>(Revised 02/2009)  |

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|----|---------------|--------------------|--|
| 5. |               |                    | OMMITTEE   |
|    |               | didate             | e Committee:   |
|    | (a)           |                    | This committee is a principal campaign committee. (Complete the candidate information below.)  |
|    | (b)           | L                  | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |
|    | Name<br>Cand  |                    | Elizabeth ("Liz") Cheney   |
|    | Cand<br>Party | idate<br>Affiliati | on REP Office State State State District   |
|    | (c)           |                    | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
|    | Name<br>Candi |                    |  |
|    | Part          | y Con              | nmittee:   |
|    | (d)           |                    | This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.  |
|    | Polit         | tical A            | ction Committee (PAC):   |
|    | (e)           |                    | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  |
|    |               |                    | Corporation Corporation w/o Capital Stock Labor Organization   |
|    |               |                    | Membership Organization Trade Association Cooperative  |
|    |               |                    | In addition, this committee is a Lobbyist/Registrant PAC.  |
|    | (f)           |                    | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |
|    |               |                    | In addition, this committee is a Lobbyist/Registrant PAC.  |
|    |               |                    | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
|    | Joint         | t Fund             | Iraising Representative:   |
|    | (g)           |                    | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
|    | (h)           |                    | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.         |
|    |               | Com                | mittees Participating in Joint Fundraiser  |
|    |               | COIII              |  |
|    |               | 1.                 |  |
|    |               | 2.                 | FEC ID number C  |
|    |               | 3.                 | FEC ID number C  |
|    |               | 4.                 | FEC ID number  |

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| FEC Form 1 (Revised   | 1 02/2009)   | Page <b>3</b>   |
|---|--|---|
| Write or Type Committee Nar   |  | <u> </u>  |
| Cheney For Wy   | oming of the state |   |
| <u> </u>  | Organization, Affiliated Committee, Joint Fundralsing Representative,  | or Leadership PAC Sponsor                                       |
|   |  |   |
|   |  |   |
|   |  |   |
| Mailing Address   |  |   |
|   |  |   |
|   |  | <u> </u>  |
|   | CITY STATE   | ZIP CODE  |
| Relationship: Connect   | ted Organization Affiliated Committee Joint Fundraising Representat  | tive Leadership PAC Sponso                                      |
| <ol> <li>Custodian of Records: Id<br/>books and records.</li> </ol> | entify by name, address (phone number optional) and position of the pe   | rson in possession of committee                                 |
| Full Name   Mark  | Vincent  | 1 1 1 1 1 1 1 1 1   |
| Mailing Address   | <sub>I</sub> P.O. Box 457  |   |
|   |  |   |
|   | Casper   | <sub>1</sub> 82602 , <sub>1-1</sub> , , ,                       |
| Miller on Bendalan  |  | 710 0005  |
| Title or Position   | CITY STATE   | ZIP CODE  |
| Treasurer   | Telephone number 130   | 7   |
| 3. Treasurer: List the name a any designated agent (e.g.,           | and address (phone number optional) of the treasurer of the committee; assistant treasurer).   | and the name and address of                                     |
| Full Name Mark  | Vincent  |   |
| Mailing Address   | P.O. Box 457   |   |
|   |  |   |
|   | Casper   | 82602   |
| Title or Position   | CITY STATE  Telephone number [30]  | ZIP CODE<br>7 <sub>.                                     </sub> |

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|-------------------------------------|--|----------------------|--|
| Full Name of<br>Designated<br>Agent | Mark Vincent   |                      |  |
| Mailing Address                     | P,O. Box 457   | 1 1 1                |  |
|                                     |  | <u> </u>             |  |
|                                     | Casper , , , , , , , , , , , , , , , , , , ,   | WY  <br>STATE        | [82602 ] - [ ] ZIP CODE                    |
| Title or Position                   |  | <sub>umber</sub> [30 | 7,  - 247,  - 1118,                        |
|                                     | or <b>Depositories</b> : List all banks or other depositories in which the commit<br>poxes or maintains funds.<br>Depository, etc. | ittee deposits       | funds, holds accounts, rents               |
|                                     | Hilltop National Bank  | <u> </u>             |  |
|                                     | 1300 Country Club Road   |                      |  |
| Mailing Address                     | 300 Country Club Road  |                      |  |
| Mailing Address                     |  |                      |  |
| Mailing Address                     | Casper   | W <sub>Y</sub> ,     | [82609]                                    |
| Mailing Address                     |  | MY STATE             | 82609   1-   1   1   1   1   1   1   1   1 |
| Mailing Address  Name of Bank,      | Casper , , , , , , , , , , , , , , , , , , ,   |                      | <u> </u>                                   |
|                                     | Casper , , , , , , , , , , , , , , , , , , ,   |                      | <u> </u>                                   |
|                                     | Casper CITY  Depository, etc.  | STATE                | ZIP CODE                                   |
| Name of Bank,                       | Casper CITY  Depository, etc.  | STATE                | ZIP CODE                                   |
| Name of Bank,                       | Casper CITY  Depository, etc.  | STATE                | ZIP CODE                                   |

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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

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