

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

RECEIVED
DAY OF THE MONTH
C NOV 15 AM 10:20
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12PB4M5

BILL SALIER U.S. SENATE COMMITTEE

ADDRESS (number and street)

P.O. BOX 109

(Check if address
is changed)

MASON CITY

IA

50402

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

debyerly@connect.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

UNDER CONSTRUCTION

2. DATE

03

14

2001

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

XXX NEW (N)

OR

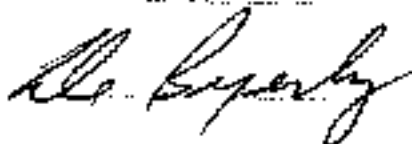
AMENDED (A)

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

DE BYERLY

Signature of Treasurer



Date

03

14

2001

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.

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)

RELAND:FOR

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

BILL SALIER

Candidate Party Affiliation

REPUBLICAN

Office Sought:

House

☒

Senate

President

State

IA

District

- (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

BILL SALIER U.S. SENATE COMMITTEE

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 DE BYERLY
 Mailing Address 1725 So. Delaware Av.
 MASON CITY IA 50401
 Title or Position CITY STATE ZIP CODE
 TREASURER Telephone number 641 423 6577

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 DE BYERLY
 Mailing Address 1725 So. DELAWARE AV
 MASON CITY IA 50401
 Title or Position CITY STATE ZIP CODE
 TREASURER Telephone number 641 423 6577

Full Name of Designated Agent SCOTT STEELE
 Mailing Address 108 SO. CONNECTICUT AV.
 MASON CITY IA 50401
 Title or Position CITY STATE ZIP CODE
 ASSISTANT TREASURER Telephone number 641 423 1999

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.

FIRST CITIZENS NATIONAL BANK

Mailing Address

2601 4th Street

MASON CITY

IA

50401

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

 HAND DELIVERED
Date of Receipt

 FAX (48-HOUR NOTICES)
Date of Receipt

 INSIDE MAIL
Date of Receipt

 RECEIVED FROM THE LEGISLATIVE RESOURCE
 CENTER
Date of Receipt

 RECEIVED FROM THE FEDERAL ELECTION-
 COMMISSION
Date of Receipt

 FIRST CLASS MAIL
Postmarked

 REGISTERED/CERTIFIED MAIL
Postmarked

 NO POSTMARK POSTMARK ILLEGIBLE

 OTHER (Specify):
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
☒ UPS 3/15/01
Postmark and/or Date of Receipt

 RD 3/15/01
Preparer Date Prepared