FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL CENTER
2001 MAR 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. 12FE4M5

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@rconnect.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 [signature] 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. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

RETAINED FOR

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

(a) X 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 X 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 ▲

GARY SISCO
SECRETARY

PAMELA G. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 202
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

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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):**_____
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____**EXPRESS MAIL**
____**FEDERAL EXPRESS**
__✓__**UPS** 3/15/01
Postmark and/or Date of Receipt

RD 3/15/01
Preparer **Date Prepared**