

OPERATIONS CENTER
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Office use only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Throckmorton for Congress

ADDRESS (number and street)

175 South West Temple, Suite 660

(Check if address is changed)

Salt Lake City

UT

84101

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

801-364-8301

2. DATE

02 / 24 / 2004

3. FEC IDENTIFICATION NUMBER

C 00000000

4. 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

Stanley R. de Waal

Signature of Treasurer

Stanley R. de Waal

Date

02 / 26 / 2004

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 800-424-9590
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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's information below.)

Name of Candidate Joseph Matthew Throckmorton

Candidate Party Affiliation REP DEM IND OTHER

Office Sought: House Senate President

State CT DE FL GA IL IN IA KS KY LA MA MD MI MN MO MS MT NC ND OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (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

NONE

Mailing Address _____

CITY STATE ZIP CODE

Relationship _____

- Type of Connected Organization:
- Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

Throckmorton for Congress, Inc.

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 Stanley R. de Waal

Mailing Address 175 South West Temple
Suite 650
Salt Lake City UT 84101

Title or Position Treasurer CITY STATE ZIP CODE
801 364 9300
 Telephone number

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 Stanley R. de Waal

Mailing Address 175 South West Temple
Suite 650
Salt Lake City UT 84101

Title or Position Treasurer CITY STATE ZIP CODE
801 364 9300
 Telephone number

Full Name of Designated Agent Corie Chan

Mailing Address 175 South West Temple
Suite 650
Salt Lake City UT 84101

Title or Position Assistant Treasurer CITY STATE ZIP CODE
801 364 9300
 Telephone number

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	Mountain America Credit Union		
	860 South 200 East		
	Salt Lake City		
	UT	84111	
	CITY ▲	STATE ▲	ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER	DATE PREPARED