22037541707

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed)   Example: if typing, type over the lines.   12FE4M5

COMMITTEE TO ELECT WOODSIDE

ADDRESS (number and street)   P.O. BOX 1425 PROVO UT 84603 OR

☐ (Check if address is changed)   164 N. UNIVERSITY AVE

PROVO   UT 84603

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ELECT NANCY JANE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW. ELECT NANCY JANE .COM

2. DATE   03 / 07 / 2002

3. FEC IDENTIFICATION NUMBER ▶   C

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   Linda A. Gentry

Signature of Treasurer   Linda A. Gentry   Date   03 / 07 / 2002

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

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) ☒ 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: *NANCY JANE WOODSIDE*

Candidate Party Affiliation: *DEM*   Office Sought: ☒ House ☐ Senate ☐ President   State: *CA*   District: *23*

(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   *N/A*

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 1/01)

Write or Type Committee Name

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   *MARY BAILEY*

Mailing Address   *4943 N. 100 E.*

PROVO   *UT*   *84604-*

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

MANAGER   Telephone number   *801-244-0550*

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   *LINDA A GENTRY*

Mailing Address   *2046 S CALIFORNIA AVE*

PROVO   *UT*   *84606-*

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number

FE1AN026

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.

ZION'S BANK

Mailing Address

P.O. BOX 737, PROVO, UT.   84601   OR

11 N. 300 WEST

PROVO   UT   84601   -

CITY ▲   STATE ▲   ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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PREPARER _Jm D_

DATE PREPARED _4-18-02_