

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 26 2 36 PM '99

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Cubin - Thomas 2000	2. DATE 7/14/99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2049 Rustic Drive	3. FEC Identification Number applied for
(c) City, State and ZIP Code Casper, WY 82609	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 see attached memo	Candidate Party Affiliation	Office Sought	State/District
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(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
see attached memo		

Type of Connected Organization

Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position

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	Mailing Address	Title or Position
Donna Robitaille	2049 Rustic Drive Casper, WY 82609	Treasurer

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 and ZIP Code
Hilltop National Bank	P.O. Box 2680 Casper, WY 82602

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 Donna Robitaille	SIGNATURE OF TREASURER 	DATE 7/14/99
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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.

CUBIN - THOMAS 2000 #5B-AUTHORIZING CANDIDATES

<u>Name of Candidate</u>	<u>Party Affiliation</u>	<u>Office Sought</u>	<u>State/District</u>
Barbara Cubin	Republican	U.S. House	WY-At Large
Craig Thomas	Republican	U.S. Senate	Wyoming

CUBIN - THOMAS 2000 AFFILIATED COMMITTEES

Cubin for Congress, Inc.  
P.O. Box 4657  
Casper, WY 82604

Friends of Craig Thomas  
P.O. Box 1580  
Casper, WY 82602

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 07-19-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	07-26-99 DATE PREPARED