

# 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

Trauner for Congress

ADDRESS (number and street)

P.O. Box 1154

(Check if address is changed)

Wilson

WY

83014

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

gary@traunerforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.traunerforcongress.com

COMMITTEE'S FAX NUMBER

3077339302

2. DATE

03 / 17 / 2008

3. FEC IDENTIFICATION NUMBER

C C00415588

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

Gary Trauner

Signature of Treasurer

Electronically Filed by Gary Trauner

Date

03 / 17 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 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 information below.)

Name of Candidate **Gary Trauner**

Candidate Party Affiliation **DEM** Office Sought:  House  Senate  President State **WY** District **01**

- (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

**Trauner for Congress**

- 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 **Terry Trauner**

Mailing Address **P.O. Box 1154**

**Wilson** **WY** **83014**

Title or Position **CITY** **STATE** **ZIP CODE**

Telephone number **307** **732** **0179**

- 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 **Michelle Sullivan**

Mailing Address **122 Upper Road**

**Sheridan** **WY** **82801**

Title or Position **CITY** **STATE** **ZIP CODE**

**Treasurer** Telephone number **307** **673** **1621**

Full Name of Designated Agent

Mailing Address

Title or Position **CITY** **STATE** **ZIP CODE**

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.

Bank of Jackson Hole

Mailing Address

P.O. Box 7000

Jackson

WY

83002

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲