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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF  
COMMITTEE (or full)

(Check if name  
is changed)

Example: If typing, type  
over the lines

12934MS

Tracy For Congress

ADDRESS (number and street)

P.O. Box 88

(Check if address  
is changed)

Bozeman MT 59711

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tracy@tracyforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.tracyforcongress.com

COMMITTEE'S FAX NUMBER

(406) 587-7394

2. DATE 03 05 2004

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 Jane De Bruycker

Signature of Treasurer *Jane De Bruycker* Date 03 08 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4370.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 Tracy Velazquez

Candidate Party Affiliation DEM Office Sought  House  Senate  President State NY District AL

- (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.

8. 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

Tracy 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 Dennis Alexander

Mailing Address PO Box 6272

Bozeman MT 59711

Title or Position CITY STATE ZIP CODE

Volunteer Telephone number 406-587-3974

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 Jane DeBrucker

Mailing Address 1690 GITH LANE NE

BOZEMAN MT 59433

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

B. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, keeps safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Interstate Bank

Mailing Address

2800 W Main

PO Box 1890

Bozeman

MT

59718

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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