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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the line.

12FE4MS

Combi for Congress, Inc.

ADDRESS (number and street)

(Check if address
is changed)

125958 Genesee Trails Road

K 223

Quinden CO 80401

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bstraw@combitforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

combitforcongress.org

COMMITTEE'S FAX NUMBER

303-526-4119

2. DATE

09 09 2003

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

Barbara M. Straw

Signature of Treasurer

Date

09 19 2003

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.

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For further information contact:
Federal Election Commission
P.O. Box 980424-9030
Louis 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 Joanna L. Conti

Candidate Party Affiliation DEM Office Sought House Senate President State CO District 06

- (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 subnational) 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.

E. Name of Any Connected Organization or Affiliated Committee

Name _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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 Barbara M. Strawn

Mailing Address 25958 Genesee Trail Road
K223
Golden CO 80401

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

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 Barbara M. Strawn

Mailing Address 25958 Genesee Trail Road
K223
Golden CO 80401

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

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:

First Bank

Mailing Address

P.O. Box 3879

Evergreen CA 80437-3879

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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