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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (a full) (Check if name is changed) Example: If typing, type over the lines. 12RR4M5

BOQUIST FOR CONGRESS

ADDRESS (number and street)

17080 BUTLER HILL RD

(Check if address is changed)

DALLAS

OR

97335

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BOQUIST@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

503-623-7665

2. DATE 04 24 2003

3. FEC IDENTIFICATION NUMBER ▶ 000370635

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 Brian J. Boquist

Signature of Treasurer [Signature] Date 04 24 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.

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 BRIAN J. BOQUIST

Candidate Party Affiliation GOP Office Sought  House  Senate  President State OR District 05

- (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 with Capital Stock      Labor Organization  
 Membership Organization      Trade Association      Cooperative

Write or Type Committee Name: **BOQUIST 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: **Brian J. Boquist**

Mailing Address: **17080 BUTLER HILL RD**

**DALLAS** **OR** **97338**

City STATE ZIP CODE

Title or Position: **Candidate** Telephone number: **503-623-4421e**

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: **Brian J. Boquist**

Mailing Address: **17080 BUTLER HILL RD**

**DALLAS** **OR** **97338**

City STATE ZIP CODE

Title or Position: **Candidate - Treasurer** Telephone number: **503-623-4421e**

Full Name of Designated Agent: **PEGGY L. BOQUIST**

Mailing Address: **17080 BUTLER HILL RD**

**DALLAS** **OR** **97338**

City STATE ZIP CODE

Title or Position: **ASST TREASURER** Telephone number: \_\_\_\_\_

9. Banks or Other Depositories: List all banks or other depositories in which the candidate deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WEST COAST BANK

Mailing Address

301 CHURCH STREET NE

SALEM

OR 97301

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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