

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) EMERSON FOR CONGRESS	2. DATE 1/31/2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 310 SOUTH MAIN STREET, SUITE 1420	3. FEC Identification Number
(c) City, State and ZIP Code SALT LAKE CITY, UT 84101	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB -7 P 3:10

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<br><b>MARK EMERSON</b> | Candidate Party Affiliation<br><b>REPUBLICAN</b> | Office Sought<br><b>US HOUSE</b> | State/District<br><b>UT/2ND</b> |
|--|--|----------------------------------|---------------------------------|
- (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

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
<b>STANLEY R. DE WAAL</b>	<b>310 SOUTH MAIN STREET, SUITE 1420 SLC, UT 84101</b>	<b>TREASURER</b>

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
<b>STANLEY R. DE WAAL</b>	<b>310 SOUTH MAIN STREET, SUITE 1420 SLC, UT 84101</b>	<b>TREASURER</b>

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
<b>ZIONS FIRST NATIONAL BANK</b>	<b>310 SOUTH MAIN STREET SALT LAKE CITY, UT 84101</b>

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 STANLEY R. DE WAAL	SIGNATURE OF TREASURER 	DATE 1/31/00
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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.

# STATEMENT OF CANDIDACY

(see reverse side for instructions)

1. (a) Name of Candidate (in full) MARK EMERSON		RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM 2000 FEB 19 P 3 19
(b) Address (number and street) <input type="checkbox"/> Check if address changed 707 E GOLDEN PHEASANT		
(c) City, State, and ZIP Code DRAPER, UT 84602		
3. Party Affiliation REPUBLICAN	4. Office Sought US HOUSE	5. State & District of Candidate UT 2ND

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby authorize the following named political committee as my Principal Campaign Committee for the \_\_\_\_\_ election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed below.

(a) Name of Committee (in full) EMERSON FOR CONGRESS
(b) Address (number and street) 310 SOUTH MAIN STREET, SUITE 1420
(c) City, State, and ZIP Code SALT LAKE CITY, UT 84101

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES


(including Joint Fundraising Representatives)

7. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 1/31/2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

### CANDIDATES FOR THE OFFICE OF:

U.S. Senate mail to:  
Secretary of the Senate  
Office of Public Records  
232 Hart Senate Office Bldg.  
Washington, DC 20510-7118

All other candidates  
mail to:  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

For further information contact:  
Federal Election Commission  
Toll-free 800/424-9530  
Local 202/219-3420


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**FEC FORM 2**  
(revised 4/87)

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2/1/00
<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	2/7/00 DATE PREPARED