

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

Pro-Life For Congress

ADDRESS (number and street)

Box 5

◀ (Check if address
is changed)

Letha

CITY ▲

ID

STATE ▲

83636-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

◀ (Check if address
is changed)

pro-life @ g. com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address
is changed)

ProLifeIdaho.com

2. DATE

07 / 04 / 2012

3. FEC IDENTIFICATION NUMBER ▶

C

To be assigned

4. IS THIS STATEMENT

X

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

Pro-Life

Signature of Treasurer

Pro-Life

Date

07 / 04 / 2012

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

12030861983

Pro-Life for Congress

FEC Form 1 (Revised 02/2009)

Page 2

5. TYPE OF COMMITTEE**Candidate Committee:**

- (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

Pro-Life

Candidate
Party Affiliation

Ind

Office
Sought:☒

House

Senate

President

State

ID

District

01

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

Write or Type Committee Name

Pro-Life for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Pro-Life

Mailing Address

Box 5

Letha

ID

83636

Title or Position

CITY

STATE

ZIP CODE

Candidate and Treasurer

Telephone number

208-365-4262

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

Pro-Life

Mailing Address

Box 5

Letha

ID

83636

Title or Position

CITY

STATE

ZIP CODE

Candidate and Treasurer

Telephone number

208-365-4262

12030861985

Full Name of
Designated
Agent

Pro-Life

Mailing Address

Box 5

Letha

CITY

ID

STATE

83636

ZIP CODE

Title or Position

Candidate

Telephone number

208-365-4262

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.

Northwest Christian Credit Union

Mailing Address

716 East Colorado Avenue

Nampa

CITY

STATE

ID

83686

ZIP CODE

5991

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030861986

12030861987

Abortion Is Murder

Pro-Life For Congress

Socialism is Collective Theft

Unjust War Is Murder

ProLifeIdaho.com

pro-life@q.com

o. 365-4262

Box 5

c. 869-2619

Mertha Idaho 83636

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Delivery Confirmation™ or Signature Confirmation™ Label ☐

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USPS Express Mail

Postmarked

☐

Postmark Illegible

☐

No Postmark

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Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery ☐

☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked


PREPARER

(3/2005)

7/26/12
DATE PREPARED

88619802021