Image# 11932085028

FEC

STATEMENT OF

FORM 1	ORGANIZ	ZATION		
1 011111 1	(See instruc	etions)		Office use only
NAME OF COMMITTEE (in formal)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
Cassidy & Ass	ociates, Inc. Political Action C	committee	111111	
ADDRESS (number and s	700 13th Street, N.	W.		
(Check if address	Suite 400	<u> </u>	<u> </u>	11111111
is changed)	Washington		J PC L	20005 -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one			
(Check if address X is changed)	ROwens@cassidy	.com 		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address		1 1 1 1 1 1 1 1 1 1	<u> </u>	11111111
is changed)	1,,,,,,		1 1 1 1 1 1 1	
2. DATE M.M.	/ D D / Y Y Y Y			
3. FEC IDENTIFICATION	27 2011	0 00007500	•	
3. FEC IDENTIFICAT	ION NUMBER	C C00327593		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	.)	
Logrify that I have examin	ned this Statement and to the best of my k	converge and helief it is true corre	ect and complete	
rootiny that mave examin		-	out and complete	
Type or Print Name of 1	reasurer Robert Owens			
Signature of Treasurer	Electronically Filed by Robert (Owens	Date 0,7	7 27 Y 2011
NOTE: Submission of fals	se, erroneous, or incomplete information r	may subject the person signing this		
Office		For further informa		
Use Only		Federal Election Cor Toll Free 800-424-9	mmission	FEC FORM 1 (Revised 02/2009)

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	COMMITTEE (Check One) • 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								
Candidate Party Affili		State						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Con								
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
Political A	Political Action Committee (PAC):							
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:						
	X Corporation Corporation w/o Capital Stock	abor Organization						
	Membership Organization Trade Association C	Cooperative						
(6)	X In addition, this committee is a Lobbyist/Registrant PAC.							
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party						
	In addition, this committee is a Lobbyist/Registrant PAC.							
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint Fund	Iraising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political						
(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.							
Co	ommittees Participating in Joint Fundraiser							
	1. FEC ID number C							
	2. FEC ID number							
	3. FEC ID number							
	4 FEC ID number C							

Relationship:	D05					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA Cassidy & Associates, Inc. Mailing Address 700 13th Street, N.W. Suite 400 CITY A STATE A Z Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leaders 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perso possession of Committee books and records. Full Name Robert Owens 700 13th Street, N.W.	D05					
Cassidy & Associates, Inc. Mailing Address 700 13th Street, N.W. Suite 400 CITY STATE Z Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leaders 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perso possession of Committee books and records. Full Name Robert Owens Mailing Address 700 13th Street, N.W.	D05					
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Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leaders 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perso possession of Committee books and records. Full Name Mailing Address 700 13th Street, N.W.	ship PAC Sponsor					
7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perso possession of Committee books and records. Full Name Mailing Address 700 13th Street, N.W.						
7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perso possession of Committee books and records. Full Name Mailing Address 700 13th Street, N.W.						
possession of Committee books and records. Full Name Mailing Address 700 13th Street, N.W.	on in					
	books and records. Owens					
Washington DC 200	005					
Title or Position ▼ CITY ▲ STATE ▲ Z Treasurer Telephone number 202 - 58	ZIP CODE 4 35 2080					
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Robert Owens	d the					
Mailing Address 700 13th Street, N.W.						
Suite 400						
Washington DC 200	005					
Title or Position ♥ CITY ▲ STATE ▲						
Treasurer 202 58	ZIP CODE A					

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Full Name of Designated Agent	_	Susanne Wall					
Mailing Address	S _	700 13t	h Street, N.W.				
	-	Suite 400					
	-	Washin	gton		_DC _	20005 –	
Title or Position ▼			CITY A		STATE A	ZIP CODE	A
A	Assistant T	reasurer		Telephone num	ber 202	585	2358
safety deposit box Name of Bank, De							
Mailing Address							
		Washington			DC	20005	
			CITY 🛕		STATE △	ZIP CODE	A
Name of Bank, De	epository, etc.						
Mailing Address							
			CITY 🗖		STATE. △	ZIP CODE	■ ▲