11/12/2004 11 : 46

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Capri Cafaro for Congress 2004

ADDRESS (number and street)

7448 Mentor Ave.

(Check if address is changed)

Mentor | OH | 44060 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.capri2004.com

COMMITTEE'S FAX NUMBER

4409534543

2. DATE M M D D Y Y Y Y 11 12 2004

3. **FEC IDENTIFICATION NUMBER** **C C00394973**

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 Ronald Silvestri

Signature of Treasurer Electronically Filed by Ronald Silvestri Date M M D D Y Y Y Y 11 12 2004

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 02/2003)