FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Office use only
NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
CMGRP, Inc./(Cassidy _, & Associa	ates Political Ac	tion Committee	
ADDRESS (number and	700 1	3th Street, N.W.		
(Check if addr is changed)	Suite	400 nington		DC 20005 _
COMMITTEE'S E-MA	II ADDRESS		CITY	STATE▲ ZIP CODE ▲
	1 1 1 1 1 1 1			
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)		
	<u> </u>	1 1 1 1 1 1		
		1 1 1 1 1 1		
COMMITTEE'S FAX N 2023473142	NUMBER	J		
2. DATE 0.9		2007 [°]		
3. FEC IDENTIFICATION NUMBER C C00327593				
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 Gregory M. Gill				
Signature of Treasurer	r Electronically Filed	d by Gregory M	. Gill	Date 09 / 13 / Y Y Y Y Y Y Y
NOTE: Submission of fa			subject the person signing this Stat	ement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530	

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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.)	oandidato			
	Name of Candidate				
	Candidate Office Party Affiliation Sought: House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		Democratic, epublican,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 for committee.	und or party			
6. I	Name of Any Connected Organization or Affiliated Committee Cassidy & Associates				
L I	1949/9/ 3/ 1999/419				
	700 13th Street, N.W.	<u> </u>			
	Mailing Address Suite 400				
		D005 _			
	CITY▲ STATE ▲	ZIP CODE A			
	Relationship Affiliated				
	Type of Connected Organization:				
	X Corporation Corporation w/o Capital Stock Labor Organization	tion			
	Membership Organization Trade Association Cooperative				

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٧	Vrite or Type Commi		Associates Political Action Comm	ittee			
 CMGRP, Inc./Cassidy & Associates Political Action Committee Custodian of Records: Identify by name, address, (phone number optional), and position of the possession of Committee books and records. 				ne person in			
	Full Name	Gregory	, Gill		1 1 1		
	Mailing Address		700 13th Street, N.W.				
			Suite 400				
			Washington	DC	<u> </u>	20005	
	Title or Position ▼	,	CITY A	STAT	E▲	ZIP COI	DE A
		Γreasurer		Telephone number	202	347	0733
	Full Name of Treasurer Mailing Address	Gregory	700 13th Street, N.W.				
			Suite 400				
			Washington		<u> </u>	20005	
	Title or Position ♥	,	CITY A	STAT	E▲	ZIP COI	DE A
		Treasurer		Telephone number	202	347	0733
	Full Name of Designated Agent	Christy	Evans				
	Mailing Address		700 13th Street, N.W.				
			Suite 400				
			Washington	DC	<u> </u>	20005 _	
	Title or Position ▼	,	CITY A	STAT	EA	ZIP COD	DE A

202

Telephone number

585

2407

Assistant Treasurer

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 			rents
	Mailing Address	Wachovia G Street, N.W.	
		Washington DC 20005	5]-[
		CITY A STATE A ZIP C	CODE A

Membership Organization

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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. [ADDITIONAL]			
Mailing Address			
	CITY 🛆	STATE △ ZIP CODE △	
Name of Any Connected O	rganization or Affiliated Committee	[ADDITIONAL]	
The MWW Group, Inc. P	olitical Action Committee		
Mailing Address	One Meadowlands Plaza		
, and the second	1		
	East Rutherford	NJ 07073 _	
	OUTV		
	CITY	STATE ▲ ZIP CODE ▲	
Relationship Affilia	ted		
Type of Connected Organizat	tion:		
X Corporation	Corporation w/o Capital Stock	Labor Organization	
Corporation	Osiporation w/o Oapital Otock		

Trade Association

Cooperative

Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ▼	CITY A	
		elephone number = =