05/23/2002 17 : 34

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

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

SUSAN B ANTHONY LIST CANDIDATE FUND

ADDRESS (Number and street) 1800 Diagonal Road

(Check if address is changed) Suite 285

Alexandria, VA 22314

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 / 23 / 2002

3. **FEC IDENTIFICATION NUMBER** ▶ C00332296

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 Larry Ruggiero

Signature of Treasurer Electronically Filed by Larry Ruggiero Date 05 / 23 / 2002

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 202-694-110

FEC FROM 1
(Revised 1/2001)

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

Candidate Party Affiliation

Office Sought: House Senate President

State District

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

Name of Candidate

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

(e) X 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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Susan B. Anthony List Inc.

Mailing Address 1800 Diagonal Road

Suite 285

Alexandria VA 22314

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

X Membership Organization Trade Association Cooperative

Write or Type Committee Name

SUSAN B ANTHONY LIST CANDIDATE FUND

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: Jennifer Bingham

Mailing Address: 1800 Diagonal Road
Suite 285

Alexandria (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Title or Position ▼: Assistant Treasurer

Telephone number: 703 – 683 – 5558

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: Larry Ruggiero

Mailing Address: 1800 Diagonal Road
Suite 285

Alexandria (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Title or Position ▼: Treasurer

Telephone number: 703 – 683 – 5558

Full Name of Designated Agent: Jennifer Bingham

Mailing Address: 1800 Diagonal Road
Suite 285

Alexandria (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Title or Position ▼: Assistant Treasurer

Telephone number: 703 – 683 – 5558

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.

Merrill Lynch

Mailing Address 100 East Pratt Street

Baltimore MD 21202 -

CITY △ STATE △ ZIP CODE △

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

SunTrust

Mailing Address

Alexandria VA 22314 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

_____ Telephone number _____ – _____ – _____