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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(Check box only)

1 NAME OF COMMITTEE (in full) (Check if name is changed) Example if typing, type over the lines. 12754MS

Cassidy Companies Inc Political Action Committee (CASCO PAC)

ADDRESS (number and street) 400 13th Street NW Suite 400

(Check if address is changed)

Washington DC 20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-347-2646

2. DATE 10 03 2003

3. FEC IDENTIFICATION NUMBER ▶ C00327593

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I hereby declare 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 Mary Kate Johnson

Signature of Treasurer [Signature] Date 10 07 2003

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

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) 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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 Cheryl Montgomery

Mailing Address 700 13th Street, NW Suite 400
Washington DC 20005

Title or Position CITY STATE ZIP CODE

Telephone number 202-585-2489

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 Mary Kate Johnson

Mailing Address 300 13th St, NW #400
Washington DC 20005

Title or Position CITY STATE ZIP CODE

Vice President Telephone number 202-585-2493

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.


Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

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(6/2000)