FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction		Office use only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
CMGRP, Inc./Cass	idy & Associates Political Ac	tion Committee		لــــــــــــــــــــــــــــــــــــــ
				Ш
ADDRESS (number and street)	700 13th Street, N.W.			Ш
(Check if address	Suite 400			Ш
is changed)	Washington		DC 20005 -	Ш
COMMITTEE'S E-MAIL AD		CITY	STATE▲ ZIP CODE ▲	
AKameros@cassid				لب
<u> </u>		<u> </u>		لـــ
COMMITTEE'S WEB PAG	E ADDRESS (URL)			Ċ
				Ш
				Ш
2. DATE 0 9	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	N NUMBER (C C00327593		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined the	nis Statement and to the best of my know	wledge and belief it is true, correct and	d complete	_
Type or Print Name of Treas	surer Andrew Kameros	3		
Signature of Treasurer E	Electronically Filed by Andrew Ka	ameros	Date 06 / 09 / 200) 8 [°]
NOTE: Submission of false, en		subject the person signing this State	ement to the penalties of 2 U.S.C. S437g.	
Office Use Only FE3AN042.PDF		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		_

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5.		F COMMITTEE (Check One) ate 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 information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affi		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Co	ommittee:	
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political	Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		X Corporation Corporation w/o Capital Stock Lat	oor Organization
		Membership Organization Trade Association Co	operative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fun	ndraising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	С	Committees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2 FEC ID number C	
		3 FEC ID number C	
		4 FEC ID number C	
		E	

Write or Type Committee Name CMGRP, Inc./Cassidy & Associates Political Action Committee 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fur				
6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fur				
	ndraising Representative			
CMGRP, Inc. d/b/a Cassidy & Associates				
Civicine, inc. dibia cassidy & Associates				
Mailing Address 700 13th Street, N.W.				
Suite 400				
Washington DC	20005]			
CITY▲ STATE ▲	ZIP CODE			
Relationship:				
X Connected Organization Affiliated Committee Leadership PAC Sponsor	Joint Fundraising Representative			
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
Full Name Andrew Kameros				
Mailing Address 700 13th Street, N.W.				
Suite 400				
Washington DC				
Title or Position ▼ CITY A STATE A	ZIP CODE A			
Treasurer Telephone number 20	<u> </u>			
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 Andrew Kameros				
Mailing Address 700 13th Street, N.W.				
Mailing Address 700 13th Street, N.W. Suite 400				
Suite 400				

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Full Name of Designated Agent	Christy Evans				
Mailing Address	700 13th Street, N.W.				
	Suite 400				
	Washington		20005 –		
Title or Position ▼	CITY A	STATE A	ZIP CODE A		
Assista	ant Treasurer	elephone number 202	585 2407		
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.					
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc.	he committee deposits funds, h	olds accounts, rents		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia	he committee deposits funds, h	olds accounts, rents		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc.	he committee deposits funds, h	1		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia	he committee deposits funds, h	ı		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia	he committee deposits funds, he	ı		
safety deposit boxes or m Name of Bank, Depositor	achovia G Street, N.W. Washington				
safety deposit boxes or m Name of Bank, Depositor	achovia G Street, N.W. Washington CITY		20005		
safety deposit boxes or m Name of Bank, Depositor Wa Mailing Address	achovia G Street, N.W. Washington CITY		20005		
safety deposit boxes or m Name of Bank, Depositor Wa Mailing Address	achovia G Street, N.W. Washington CITY	DC STATE 4	20005 ZIP CODE		
safety deposit boxes or m Name of Bank, Depositor Wailing Address Name of Bank, Depositor	achovia G Street, N.W. Washington CITY y, etc.	DC STATE 4	20005 ZIP CODE		
Safety deposit boxes or m Name of Bank, Depositor Windows Mailing Address Name of Bank, Depositor	achovia G Street, N.W. Washington CITY y, etc.	DC STATE 4	20005 ZIP CODE		

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committed funds	ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			1 1 1 1 1 1 1 1 1
	CITY 🛕	STATE₄	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Spons	or or Joint Fundrais	[ADDITIONAL ing Representative
Mailing Address	One Meadowlands Plaza		
	East Rutherford	NJ	07073
lationship:	СІТУ▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Spons	sor Joint Fun	draising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE.	ZIP CODE A
	Telepho	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE0	C ID number	