

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2018 JAN 31 PM 12:00

Office Use Only

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

Tom CASEY FOR CONGRESS

ADDRESS (number and street)

170 SHEARER AVE

(Check if address is changed)

EAST AURORA WY 14052-  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

INFO@CASEYFORCONGRESS.ORG

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

CASEYFORCONGRESS.ORG

2. DATE 01 02 2018

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT ☒ 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

THOMAS P CASEY

Signature of Treasurer

Thomas P Casey

Date 01 14 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate 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 candidate information below.)

Name of Candidate THOMAS P. CASEY

Candidate Party Affiliation DEM Office Sought: ☒ House ☐ Senate ☐ President State NY District 27

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d) ☐ This committee is a \_\_\_\_\_ (National, State 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 organization is a:

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

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**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

2018-01-11 01:00:00

Write or Type Committee Name

TOM CASEY FOR CONGRESS

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 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

THOMAS P. CASEY

Mailing Address

70 SHEARER AVEEAST AURORA

STATE

ZIP CODE

Title or Position

TREASURER

← ALSO

CANDIDATE

Telephone number

716-491-9172

## 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 TreasurerTHOMAS P. CASEY

Mailing Address

70 SHEARER AVEEAST AURORA

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

- - - - -

2010 OCT 11 PM 1:00:10

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A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting the data points from the frequency table.

\_\_\_\_\_

ZIP CODE

A horizontal number line with 15 tick marks, labeled from 1 to 15.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

- Name of Bank, Depository, etc.

M&T BANK

135 HAMBURG ST

A horizontal number line with 20 tick marks, labeled from 1 to 20.

EAST AURORA NY 14052-

ZIP CODE

A horizontal number line with 20 tick marks, labeled from 1 to 20.

A horizontal number line with 20 tick marks, labeled from 1 to 20.

\_\_\_\_\_

ZIP CODE

Thomas Casey  
70 Shaver Ave  
East Aurora NY 14052-1621

FEC MAIL CENTER  
2018 JAN 31 PM 12:00



26 JAN 2018

7017 1450 0000 2855 7453

CANDIDATE FILING

FEDERAL ELECTION COMMISSION

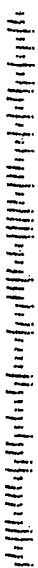
999 E ST. NW

WASHINGTON D.C. 20463

CANDIDATE FILING


HOUSE OF REPRESENTATIVES

20463-



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Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/26/2018
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPAPER	1/31/2018 DATE PREPARED

(3/2015)

2018-01-31 10:00 AM