

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 OCT 21 AM 11:43

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Leahy-Cantwell Committee

ADDRESS (number and street)

503 Capitol Court NE

(Check if address is changed)

Suite 100

Washington

DC

20002

CITY

STATE

ZIP CODE

SECRETARY OF THE SENATE
03-OCT-21 AM 11:30

COMMITTEE'S E-MAIL ADDRESS

tstoll@CFC-DC.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 546 2321

2. DATE

10 / 15 / 2003

3. FEC IDENTIFICATION NUMBER

C

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

Tina Stoll

Signature of Treasurer

Electronically Filed by Tina Stoll

Tina Stoll

Date

10 / 20 / 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

Office
Use
Only

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

FEC FORM 1
(Revised 02/2003)

2003 OCT 21 AM 11:30

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
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- (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.

This is a Joint Fundraising Representative

6. Name of Any Connected Organization or Affiliated Committee

Leahy for US Senate Committee

Mailing Address _____ PO Box 53 _____

_____ Burlington _____ VT _____ 05402 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Joint Fundraising Participant _____

Type of Connected Organization:

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

FILED
MAR 10 2004
FBI - BOSTON

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
-----------------------------	----------------	-------	--------	-----------	----------------

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

This is a Joint Fundraising Representative Ac

6. Name of Any Connected Organization or Affiliated Committee

Cantwell 2006 _____

Mailing Address _____ PO Box 61528 _____

_____ Vancouver _____ WA _____ 98566 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Joint Fundraising Participant _____

Type of Connected Organization:

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

23020470020

Write or Type Committee Name

Leahy-Cantwell Committee

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 Tina Stoll

Mailing Address 503 Capitol Court NE

Washington DC 20001

Title or Position CITY STATE ZIP CODE

Telephone number _____ - _____ - _____

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 Tina Stoll

Mailing Address 503 Capitol Court NE

Washington DC 20001

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

Telephone number _____ - _____ - _____

1103070021

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.

Bank of America

Mailing Address

730 15th Street NW

Washington

DC

20005

CITY Δ

STATE Δ

ZIP CODE Δ

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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

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<i>ds</i>	<i>10-21-03</i>
PREPARER	DATE PREPARED

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
ADMINISTRATOR
MATT BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Prepared Date Prepared

23020470025
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