

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

2003 FEB -6 A 11:29 Office Use Only

1. NAME OF COMMITTEE (In NR)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

MICHAEL CASE FOR CONGRESS COMMITTEE

ADDRESS (number and street)

1050 SO. KIMBALL ROAD

(Check if address is changed)

VENTURA

CA

93004

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MCASE@FCOFC.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

2. DATE

01 30 2003

3. FEC IDENTIFICATION NUMBER

C0034646

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 ROBERT L. GALLAWAY

Signature of Treasurer

Robert L. Gallaway

Date

01 30 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission, Toll Free 800-424-9550, Local 202-694-1100

FEC FORM 1 (Revised 1/01)

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: MICHAEL CASE

Candidate Party Affiliation: DEM Office Sought: House Senate President State: CA District: 23

- (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

NONE

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 MICHAEL CASE

Mailing Address 1050 SO. KIMBALL ROAD

VENTURA CA 92004

Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 805-659-6800

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 (s.g., assistant treasurer).

Full Name of Treasurer ROBERT L. GALLAWAY

Mailing Address 1050 SO. KIMBALL ROAD

VENTURA CA 92004

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 805-659-6800

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

3. 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.

NONE

Mailing Address

Grid lines for mailing address input

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Grid lines for name of bank input

Mailing Address

Grid lines for mailing address input

CITY ▲

STATE ▲

ZIP CODE ▲

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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