

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

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

TRAFICANT FOR CONGRESS

ADDRESS (Number and street) P.O. Box 3369

(Check if address is changed) Youngstown OH 44513

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

moondognd@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 10 / 22 / 2002

3. FEC IDENTIFICATION NUMBER C00183244

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 E. Barrett

Signature of Treasurer Electronically Filed by Robert E. Barrett Date 10 / 22 / 2002

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

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 James A. Traficant, Jr.

Candidate Party Affiliation	<u>IND</u>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<u>OH</u>
						District	<u>17</u>

- (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

**TRAFICANT FOR CONGRESS**

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 **Robert E. Barrett**

Mailing Address **5175 Shields Road**

**Canfield OH 44406 -**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer Telephone number 330 - 702 - 0561**

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 **Robert E. Barrett**

Mailing Address **5175 Shields Road**

**Canfield OH 44406 -**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer Telephone number 330 - 702 - 0561**

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.

National City Bank

Mailing Address

P.O. Box 5756

Cleveland

OH

44101

CITY Δ

STATE Δ

ZIP CODE Δ