

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2001 OCT -1 A 11:00

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

ALEXA FOR CONGRESS

ADDRESS (number and street)

(Check if address
is changed)

2207 SHANNON DRIVE

P.O. Box 1578

VALPARAISO

IN

46384-1578

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ba.alex@home.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

09 26 2001

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

CLEOPHUS WASHINGTON

Signature of Treasurer

Cleophus Washington

Date

09 26 2001

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 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 WILLIAM E. ALEXA

Candidate Party Affiliation DEM Office Sought: House Senate President State IN District 2

- (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

ALEXA 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 JOYCE A. ALEXA
 Mailing Address 2207 SHANNON DRIVE
VALPARAISO IN 46383-2454
 Title or Position VICE-CHAIR CITY STATE ZIP CODE
 Telephone number 219-462-1534

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 CLEOPHUS WASHINGTON
 Mailing Address 520 WEST WAYNE STREET
SOUTH BEND IN 46601
 Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 219-232-2652

Full Name of Designated Agent CAROLE J. BRODERICK
 Mailing Address 4408 FAUNT LAKE GATEWAY
VALPARAISO IN 46383
 Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 219-462-6064

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.

1ST SOURCE BANK

Mailing Address

100 NORTH MICHIGAN

SOUTH BEND

IN

46601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 9-26-01
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<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
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<i>SL</i> PREPARER	10-1-01 DATE PREPARED