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**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.

12FB4M5

Better Government 2002

ADDRESS (number and street)

1401 H Street, NW, Suite 1200

(Check if address
is changed)

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

None

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

2. DATE

08 27 2001

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

N

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 Matthew P. Fink

Signature of Treasurer

Matthew P. Fink

Date

08 27 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 800-424-9531
Local 202-884-1100

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

Candidate
Party AffiliationOffice
Sought

House

Senate

President

State

District

- (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

Baker for Congress Committee

Mailing Address

P.O. Box 1694

Baton Rouge

LA

70821

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Participant in Joint Fundraising Activity

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

5. TYPE OF COMMITTEE (Check One)

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- (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

Committee to Re-Elect Vito Fossella

Mailing Address

P.O. Box 131403

Staten Island

NY

10313

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Participant in Joint Fundraising Activity

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

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Name of Candidate

Candidate

Party Affiliation

Office Sought

House

Senate

President

State

District

(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

Bob Ney for Congress

Mailing Address

P.O. Box 490

St. Clairsville

OH

43950

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Participant in Joint Fundraising Activity

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

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Name of Candidate

Candidate

Party Affiliation

Office Sought

House

Senate

President

State

District

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Name of Candidate

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- (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

Friends of Mike Ferguson

Mailing Address

930 Stuyvesant Avenue

Union

NJ

07083

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Participant in Joint Fundraising Activity

Type of Connected Organization:

☐

Corporation

Corporation w/o Capital Stock

Labor Organization

☐

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Better Government 2002

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 Matthew P. Fink

Mailing Address 1401 H Street, NW., Suite 1200
Washington, DC 20005

Title or Position Treasurer CITY DC STATE DC ZIP CODE 20005

Telephone number 202 - 326 - 5800

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 Matthew P. Fink

Mailing Address 1401 H Street, NW., Suite 1200
Washington, DC 20005

Title or Position Treasurer CITY DC STATE DC ZIP CODE 20005

Telephone number 202 - 326 - 5800

Full Name of Designated Agent Donald J. Morrissey

Mailing Address 1401 H Street, NW., Suite 1200
Washington, DC 20005

Title or Position Assistant Treasurer CITY DC STATE DC ZIP CODE 20005

Telephone number 202 - 326 - 5800

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.

First Union National Bank of Washington

Mailing Address

740 15th Street, NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

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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Date of Receipt

8-31-01



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and Registration

Date of Receipt

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Records

Date of Receipt



Other (Specify):

Postmarked

and/or Date of Receipt



Electronic Filing

JER

PREPARER

8-31-01

DATE PREPARED