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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (as filed) (Check if name is changed) Example: if typing, type over the lines. 12PE4M5

CASSADY FOR CONGRESS

ADDRESS (number and street)

PMB 236

(Check if address is changed)

6523 CALIFORNIA AVE SW

SEATTLE

WA

98136

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CAROL@CASSADYFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URI)

CASSADYFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE 02 02 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

X

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

Jeffrey A. Ragner

Signature of treasurer

Date

02 02 2004

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.

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For further information contact:
Federal Election Commission
717 P St. NW
Washington, DC 20542
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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: CAROL ANN CASSADY

Candidate Party Affiliation: REP Office Sought: House Senate President

State: WA District: 07

(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 with 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: JEFFREY A RAYNER

Mailing Address: 6444 FLORA AVE S
SEATTLE WA 98108 2757

Title or Position: _____ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 206 767 1813

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: JEFFREY A RAYNER

Mailing Address: 6444 FLORA AVE S
SEATTLE WA 98108 2757

Title or Position: _____ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 206 767 1813

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.

KEY BANK - NATIONAL ASSOC.

Mailing Address

4701 CALIFORNIA AVE SW

SEATTLE

WA

98116

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 FEC added this page to the end of this filing to indicate how it was received.

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