

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

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FEC MAIL ROOM  
2002 MAY 31 A 10:37

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

ZARELLI FOR CONGRESS

ADDRESS (number and street)

1855 TROSPER RD SW #108-330

(Check if address  
is changed)

OLYMPIA

WA

98512

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tzarelli@psc-llc.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

tzarelli.com

2. DATE

05 19 2002

3. FEC IDENTIFICATION NUMBER ▶

CTO BE ASSIGNED

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

Colleen M. Morse

Signature of Treasurer

Colleen M. Morse

Date

05 19 2002

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 800-424-9630  
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 JOE ZARELLI

Candidate Party Affiliation GOP Office Sought  House  Senate  President State WA District 03

- (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

N/A

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

Zarelli 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 COLLEEN M MORSE

Mailing Address 909 H STREET

CENTRALIA WA 98531

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 360-807-1983

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 COLLEEN M MORSE

Mailing Address 909 H STREET

CENTRALIA WA 98531

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 360-807-1983

Full Name of Designated Agent COLLEEN M MORSE

Mailing Address 909 H STREET

CENTRALIA WA 98531

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 360-807-1983

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

Mailing Address

5400 CAPITAL BLVD SE

TUMWATER WA 98501

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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