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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. 12 PB4MB
CHRISTY FERGUSON FOR CONGRESS COMMITTEE

ADDRESS (number and street) PO BOX 13
 (Check if address is changed) JAMESTOWN RI 02835
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 04 2002

3. FEC IDENTIFICATION NUMBER C

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 Kathleen H. Beavis

Signature of Treasurer Kathleen H. Beavis Date 01 04 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.

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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 CHRISTINE C. FERGUSON

Candidate Party Affiliation REP Office Sought: House Senate President State RI District 01

- (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

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 STEVEN H. SHORE, CPA
 Mailing Address 1445 WAMPANOAG TRAIL
SUITE 206
EAST PROVIDENCE RI 02915
 Title or Position ACCOUNTANT CITY RI STATE RI ZIP CODE 02915
 Telephone number 401-433-0080

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 Kathleen M. Reavis
 Mailing Address 144 Wickham Road
North Kingstown RI 02852
 Title or Position HOME MAKER CITY RI STATE RI ZIP CODE 02852
 Telephone number 401-294-0051

Full Name of Designated Agent MATTHEW J. WOJCIK
 Mailing Address 100 BURNT SWAMP ROAD
CUMBERLAND RI 02864
 Title or Position CAMPAIGN DIRECTOR CITY RI STATE RI ZIP CODE 02864
 Telephone number 401-333-0675

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.

BANK OF NEWPORT

Mailing Address

311 CONNANICUS AVENUE

WAMESETOWN RI 02835

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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