

07 NOV 21 PM 12:11

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CASSARO FOR SENATE

ADDRESS (number and street)

5518 TIMBER RIDGE DRIVE

(Check if address is changed)

PROSPECT

KY

40059

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CASSAROFORSENATE@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NA

COMMITTEE'S FAX NUMBER

502-228-3664

2. DATE

11 08 2007

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

MICHAEL ANGELO CASSARO

Signature of Treasurer

Michael A. Cassaro

Date

11 17 2007

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 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 MICHAEL GERARD CASSARO

Candidate Party Affiliation DEM REP IND LIB OTH

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (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 Party. (Democratic, Republican, etc.)
- (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

NA

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

27020393390

Write or Type Committee Name

CASSARO FOR SENATE

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 MICHAEL ANGELO CASSARO

Mailing Address 511 BLANKENBAKER LANE

LOUISVILLE KY 40207

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 502-893-3999

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 MICHAEL ANGELO CASSARO

Mailing Address 511 BLANKENBAKER LANE

LOUISVILLE KY 40207

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 502-893-3999

Full Name of Designated Agent NA

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

27020393391

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.

REPUBLIC BANK & TRUST CO

Mailing Address

1601 WEST MARKET ST

LOUISVILLE KY 40202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Michael G. Cassaro
5518 Timber Ridge Drive
Prospect, Kentucky 40069

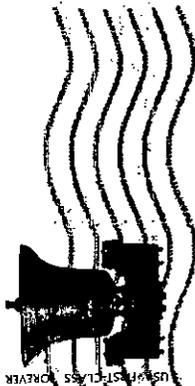
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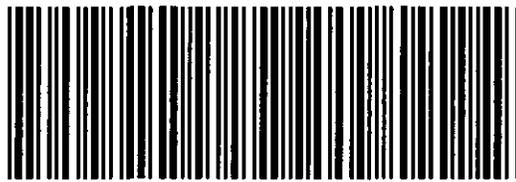
PREPARER

RD

DATE PREPARED

11-21-07

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27020393395