

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

06 OCT 17 AM 10:27

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CHASE FOR SENATE

ADDRESS (number and street)

67 PINE STREET

(Check if address is changed)

BELMONT

MA

02478

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

FGCHASECPA@MSN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.chaseforsenate.com/

COMMITTEE'S FAX NUMBER

9782761492

2. DATE

MM 10

DD 10

YYYY 2006

3. FEC IDENTIFICATION NUMBER

C C00417972

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

FRANCIS G CHASE

Signature of Treasurer

Date

MM 10

DD 10

YYYY 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

25020762406

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 KENNETH G CHASE

Candidate Party Affiliation REP Office Sought: House Senate President State MA District 00

- (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

None

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

25020762407

Write or Type Committee Name

CHASE 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 **FRANCIS G CHASE**

Mailing Address **50 MAIN STREET**

N READING MA 01864

Title or Position **TREASURER** CITY STATE ZIP CODE

Telephone number **978 664 0130**

- 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 **FRANCIS G CHASE**

Mailing Address **50 MAIN STREET**

N READING MA 01864

Title or Position **TREASURER** CITY STATE ZIP CODE

Telephone number **978 664 0130**

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Telephone number

26020762408

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.

JAMES MONROE / MERCANTILE POTOMAC BANK

Mailing Address

702 RUSSELL AVE

GATHERSBURG

MD

20877

CITY Δ

STATE Δ

ZIP CODE Δ

25028762409

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.

[ADDITIONAL]

ACCESS NATIONAL BANK

Mailing Address

1800 ROBERT FULTON DR

RESTON

VA

20191

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26020762410

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

26020762411

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.

[ADDITIONAL]

READING COOPERATIVE BANK

Mailing Address

150 HAVEN ST

NORTH READING

MA

01864

CITY Δ

STATE Δ

ZIP CODE Δ

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY Δ

STATE Δ

ZIP CODE Δ

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26020762412

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

26020762413

JANCIS G. CHASE
Attended Public Accountant
29 Abbott Road
North Reading, MA 01864

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS



4814 6143 0001 0320 0306

OFFICE OF PUBLIC RECORDS
P.O. BOX 5109
ALEXANDRIA, VA 22301-0109



L

U.S. POSTAGE
FIRST CLASS PERMIT NO. 1000
NORTH READING, MA 01864
DC1 HMDLNT
\$5.30
00015232-02

22301

X-RAYED
BY THE SENATE
POST OFFICE

41629702092

FIRST CLASS

FIRST CLASS

FIRST CLASS

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

10-11-06

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

X

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

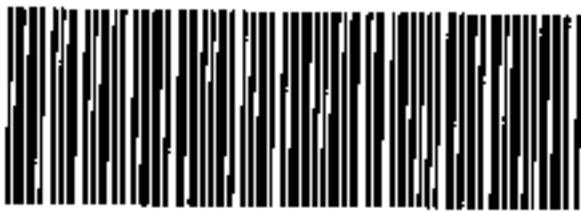
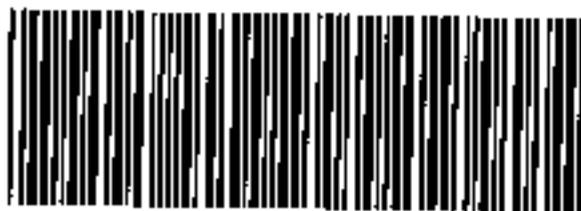
PREPARER

RD

DATE PREPARED

10-17-06

26020762415



26020762416