

October 8, 2004

To Whom It May Concern:

Effective October 8, 2004, I hereby resign from my duties and title as Treasurer for
Friends of Jeff Seemann for Congress.

Sincerely,

Michael Chassey

Friends of Jeff Seemann for Congress
300 Market Ave. N.
Ste. 1500 A
Canton, OH 44702

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (if any)

(Check if name is changed)

Example: If typing, type over the lines.

12345678

Friends of Staff Seminars for Congress

ADDRESS (number and street)

600 MARLTON AVE IN 1800 A

(Check if address is changed)

Canter OH 44702-1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

frs@staffseminarsforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.staffseminarsforcongress.com

COMMITTEE'S TAX PAYER

2. DATE

10 09 2004

3. FEC IDENTIFICATION NUMBER

000319808

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5432. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
-----------------	--	--	--	--

For further information contact: Federal Election Commission Tel: 1-800-424-9546 Fax: 202-554-1100

FEC FORM 1 (Revised 10/2003)

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 Jeff Seaman

Candidate Party Affiliation DEM Office Sought House Senate President State Ill

- (c) This committee supports/approves only one candidate, and is NOT an authorized committee.

Name of Candidate Jeff Seaman

(d) This committee is a NAT (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.
- (f) This committee supports/approves 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 A

STATE A

ZIP CODE A

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 _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

_____ Telephone number _____

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 _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

_____ Telephone number _____

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.

FIRST MERIT BANK MA

Mailing Address

P.O. BOX 1 FIRST MERIT CIRCLE

BRIDGE

ANDOVER MA 01810-0359

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED