

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
07 FEB 20 PM 1:00

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CHAFFE FOR SENATE

ADDRESS (number and street)

PO BOX 7329

(Check if address is changed)

WARWICK

RI

02887

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

rjtingle@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

02 / 09 / 2007

3. FEC IDENTIFICATION NUMBER

C C00366237

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

Robert J. Tingle, Jr.

Signature of Treasurer

Robert J. Tingle, Jr.

Date

02 / 09 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g.

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 LINCOLN D CHAFEE

Candidate Party Affiliation REP OFFICE Sought House Senate President State RI District

- (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

27020063416

Write or Type Committee Name

CHAFEE 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 **ROBERT J. TINGLE, JR.**

Mailing Address **PO BOX 7329**

WARWICK RI 02887

Title or Position **CITY STATE ZIP CODE**

TREASURER

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 **ROBERT J. TINGLE, JR.**

Mailing Address **PO BOX 7329**

WARWICK RI 02887

Title or Position **CITY STATE ZIP CODE**

TREASURER

Telephone number - -

Full Name of Designated Agent **ABIGAIL H MEYER**

Mailing Address **PO BOX 7329**

WARWICK RI 02887

Title or Position **CITY STATE ZIP CODE**

ASST TREASURER

Telephone number - -

27020063417

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.

COASTWAY CREDIT UNION

Mailing Address

10 GREENE STREET

PROVIDENCE

RI

02903

CITY ▲

STATE ▲

ZIP CODE ▲

27020063418

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

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 _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

02-14-07

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

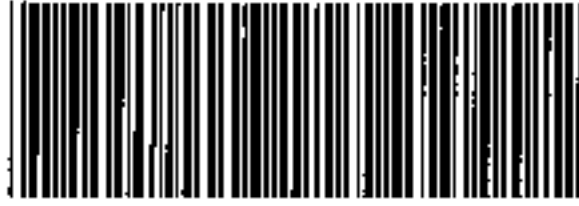
RD

DATE PREPARED

02-20-07

27020063420

27020063421



27020063421