

FEC
FORM 1

STATEMENT OF ORGANIZATION

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OPERATIONS CENTER

2005 NOV -7 A 9:45

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

THRASHER FOR CONGRESS

ADDRESS (number and street)

4537 W PARK PLACE

(Check if address
is changed)

GLENDALE

AZ

85306-1512

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MYSTROBOX.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

THRASHERFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

602-978-6767

2. DATE

MM/DD/YYYY
10/30/2005

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

X

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

JAMES CLEVER

Signature of Treasurer



Date

MM/DD/YYYY
10/30/2005

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

JOHN THRASHER

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐ Senate☐ President

State

AZ

District

2

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

Name of Candidate

JOHN THRASHER

- (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/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

TREASURER

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

JAMES CLEVER

Mailing Address

6149 W BEATRICE ST

PHOENIX

AZ

85043

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

602-272-3462

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.

WASHINGTON MUTUAL

Mailing Address

16728 W DEER VALLEY RD. STE E1

GLENDALF

AZ

85310

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

same as above

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.

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PREPARER

11/7/05
DATE PREPARED

(3/2005)

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