

Karen,

For your records
this was done via the
internet 5/9/03.

Steve Castleton

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FED MAIL
OPERATIONS CENTER
MAY 19 AM 23

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ELECTIONS CENTER

MAY 19 AM 11:23

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See instructions)

Office use only

1. NAME OF
COMMITTEE (In full)(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

JOE FINLEY FOR CONGRESS

ADDRESS (number and street)

20 TIMBERPOINT DR

(Check if address
is changed)

NORTHPORT

NY

11768

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

joe@joeфинley.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6316663087

2. DATE

M 02

D 01

Y 2003

3. FEC IDENTIFICATION NUMBER

C C00378598

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

Mr. Jeffrey Marschner

Signature of Treasurer

Electronically Filed by Mr. Jeffrey Marschner

Date

M 02

D 01

Y 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-426-9830
Local 202-694-7111FEC FORM 1
(Revised 04/2003)

Write or Type Committee Name

JOE FINLEY FOR CONGRESS

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 Joseph Finley

Mailing Address 29 Timberpoint Drive

Northport NY 11768

Title or Position Candidate CITY STATE ZIP CODE

Telephone number 631 757 0890

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 Mr. Jeffrey Marchione

Mailing Address 29 Timberpoint Drive

Northport NY 11768

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 631 757 0890

Full Name of Designated Agent _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

Telephone number _____

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ First Class Mail	POSTMARKED
☒ Registered/Certified Mail	POSTMARKED (R/C) 5/16/03
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☐ Postmark Illegible	
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☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	
QACD PREPARER	5/19/03 DATE PREPARED

(6/000)

2003-05-16 14:10:00