

FEC FORM 1

STATEMENT OF ORGANIZATION

AMERICAN CENTER

2004 APR 22 P 12:21

Class Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the line.

12 PEAMS

CREWS FOR CONGRESS COMMITTEE

ADDRESS (number and street)

PO BOX 535

(Check if address is changed)

ASHLAND

OR 01721 0535

CITY *

STATE *

ZIP CODE *

COMMITTEE'S EMAIL ADDRESS

roncrews@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CREWSFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE 04 21 2004

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

PETER H JOHNSON

Signature of Treasurer

Peter H. Johnson

Date 04 21 2004

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					
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For further information contact: Federal Election Commission Tel: Free 800-424-9620 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: **RONALD A. CREWS**

Candidate Party Affiliation: **R E P** Office Sought: House Senate President State: **MA** District: **D 3**

- (c) This committee supports/opposes only one candidate, but 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 with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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.

BANK OF AMERICA

Mailing Address

361 POPE ST

ASHLAND

MA

01721

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 **PETRA H. JOHNSON**

Mailing Address **2 BANRILL LN**

SOUTH BOROUGHS MA 01772

Title or Position **TREASURER** CITY **MA** STATE **01772** ZIP CODE

Telephone number **617 755 2000**

8. Treasurer: List the name and address (phone number - optional) of the treasurer of this committee, and the name and address of any designated agent (e.g., alternate treasurer)

Full Name of Treasurer **PETRA H. JOHNSON**

Mailing Address **2 BANRILL LN**

SOUTH BOROUGHS MA 01772

Title or Position **TREASURER** CITY **MA** STATE **01772** ZIP CODE

Telephone number **617 755 2000**

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Telephone number

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
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<input type="checkbox"/> No Postmark	
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<i>AM</i>	<i>4-22-04</i>
PREPARER	DATE PREPARED