

AMERICAN OVERSIGHT

2004 APR 22 P 12:20

Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If by sig. type over the sig. 12FF4M5

Bill Smith for Congress

ADDRESS (number and street) 80 Eaglesfield Way

(Check if address is changed) Fairport NY 14450

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS pardyjak@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL) www.billsmith2004.com

COMMITTEE'S FAX NUMBER 585 746-1175

2. DATE 04 13 2004

3. FEC IDENTIFICATION NUMBER C

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.

Patrick W. Pardyjak

Type or Print Name of Treasurer

Signature of Treasurer Patrick W. Pardyjak

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.

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: William A. Smith, Jr.

Candidate Party Affiliation	<u>RRP</u>	Office Sought	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<u>NY</u>
						District	<u>29</u>

- (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 statewide) 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

Write or Type Committee Name

Bill Smith 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.

Treasurer

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

Patrick W. Pardyjak

Mailing Address

80 Eaglesfield Way

Fairport

NY

14450

Title or Position

CITY

STATE

ZIP CODE

585

746-3600

Treasurer

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

5. 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.

Canandaigua National Bank

Mailing Address

18 State Street

Pittsford

NY

14534

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.

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