

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
02 NOV 13 PM 12:52
Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12PE4MS

COMMITTEE: FOR POLITICAL LEADERSHIP

ADDRESS (Number and street)

PO BOX 4723

(Check if address
is changed)

MANCHESTER

NH

03108 4723

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@WRITEINSMITH.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.WRITEINSMITH.COM

2. DATE

11 01 2002

3. FEC IDENTIFICATION NUMBER ▶

C00382630

4. IS THIS STATEMENT

NEW (N)

OR

A

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

Justin A. Gosselin

Signature of Treasurer

Justin A. Gosselin

Date

11 01 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 1/01)

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

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ District _____

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

Name of Candidate: ROBERT SMITH

- (d) This committee is a STA (National, State or subordinate) committee of the REP (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

COMMITTEE FOR POLITICAL LEADERSHIP

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 JUDITH A. GOSSELIN

Mailing Address P.O. BOX 4871

MANCHESTER

NH 03108 4871

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 603 682 4568

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 JUDITH A. GOSSELIN

Mailing Address P.O. BOX 4871

MANCHESTER

NH 03108 4871

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 603 682 4568

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.

CITIZENS BANK OF MASSACHUSETTS

Mailing Address

272 GREAT ROAD

LITTLETON

MA 01460

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

22020870493
22020870493

