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FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In NR) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

Fleming For Congress 2004

ADDRESS (number and street) 54 Bunticwood Lane West

(Check if address is changed) Irvington NY 10533  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS liflem@flemingforcongress2004.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 718-1694-1854

2. DATE 12 01 2003 Amended

3. FED IDENTIFICATION NUMBER 000391615

4 IS THIS STATEMENT NEW (N) OR AMENDED (A) X

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 Neil J. McCarty

Signature of Treasurer [Handwritten Signature] Date 12 01 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §1324. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 60 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 J. Fleming

Candidate Party Affiliation REP Office Sought:  House  Senate  President State NY District 17

- (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 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 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 Neil J. McCarthy

Mailing Address 54 Butterwood Lane West

Englewood

CO 80532

Title or Position  CITY  STATE  ZIP CODE

Chairman Telephone number 914-839-8044

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 Neil J. McCarthy

Mailing Address 54 Butterwood Lane West

Englewood

CO 80532

Title or Position  CITY  STATE  ZIP CODE

Treasurer Telephone number 914-830-5978

Full Name of Designated Agent

Mailing Address

Title or Position  CITY  STATE  ZIP CODE

Telephone number

Federal Election Commission

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