

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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FEC MAIL ROOM

2002 APR 11 P 12:51

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Do not write over this number.

FRIENDS OF JAY KATZEN 2002

ADDRESS (number and street)

195 STONEWALL HEIGHTS

☐ (Check if address
is changed)

ABINGDON

VA

24210

2827

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JAY@JAYKATZEN.COM

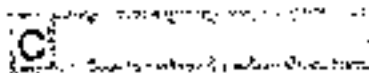
COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JAYKATZEN.COM

2. DATE

04 05 2002

3. FEC IDENTIFICATION NUMBER ►



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

Walter S. Crockett

Signature of Treasurer

Walter S. Crockett

Date

04 05 2002

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

For further information contact:
Federal Election Commission
Toll Free 800-424-6530
Local 202-694-1100

FEC FORM 1

(Revised 1/01)

FE1ANDR.FOF

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

JAY K. KATZEN

Candidate

Party Affiliation

REP.

Office

Sought:

☒

House

☐ Senate☐ President

State

VA

District

09

- (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

NONE

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 JAY K. KATZEN
Mailing Address 195 STONEWALL HEIGHTS
ABINGDON VA 24210-2827
Title or Position CITY STATE ZIP CODE
CANDIDATE Telephone number 276-628-2846

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 WALTER S. CROCKETT
Mailing Address 875 N TENTH ST
WYTHEVILLE VA 24382
Title or Position CITY STATE ZIP CODE
TREASURER Telephone number 276-228-8289

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.

FIRST VANTAGE BANK

Mailing Address

PO BOX 1038

ABINGDON

VA

24212

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

☒ Hand Delivered

Date of Receipt

4/11/02

☐ First Class Mail

POSTMARKED

☐ Registered/Certified Mail

POSTMARKED (R/C)

☐ No Postmark☐ Postmark Illegible☐ Received from the House office of Records
and Registration

Date of Receipt

☐ Received from the Senate Office of Public
Records

Date of Receipt

☐ Other (Specify):

Postmarked

and/or Date of Receipt

☐ Electronic Filing

PREPARER

DATE PREPARED