

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

ROSELYN FOR CONGRESS

ADDRESS (Number and street)

PO BOX 16063

(Check if address is changed)

PHOENIX

AZ

85011

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Info@roselyn2004.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.roselyn2004.com

COMMITTEE'S FAX NUMBER

4805139351

2. DATE 10 / 15 / 2004

3. FEC IDENTIFICATION NUMBER C C00396523

4. IS THIS STATEMENT NEW (N) OR X 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 William Nye

Signature of Treasurer Electronically Filed by William Nye

Date 10 / 15 / 2004

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 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 ROSELYN RUTH O'CONNELL

Candidate Party Affiliation **REP** Office Sought: House Senate President State **AZ** District **05**

- (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
 - Membership Organization
 - Corporation w/o Capital Stock
 - Trade Association
 - Labor Organization
 - Cooperative

Write or Type Committee Name

ROSELYN 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.

Full Name Jennifer Wilken

Mailing Address 4210 N. 35th Street

Phoenix AZ 85018 -

Title or Position ▼ Operations Manager CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 480 - 229 - 7031

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 William Nye

Mailing Address 4554 E Paradise Vill. Pkwy

#158

Phoenix AZ 85032 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 602 - 765 - 9970

Full Name of Designated Agent Jennifer Wilken

Mailing Address 4210 N. 35th Street

Phoenix AZ 85018 -

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 602 - 957 - 4604

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.

Camelback Community Bank

Mailing Address

2777 E Camelback Rd

Suite 100

Phoenix

AZ

85016 -

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Wachovia Bank

Mailing Address

100 N. Main St.

Winston-Salem

AZ

27150 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____
