

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2006 APR 17 A 8:29
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1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRISSELLA FOR CONGRESS

ADDRESS (number and street)

☐

(Check if address
is changed)

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bishopfric@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

04 / 10 / 2006

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.

Type or Print Name of Treasurer

JULIE C. DONOVAN

Signature of Treasurer

Julie C. Donovan

Date

04 / 10 / 2006

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 800-424-9530
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

J.L.M. FRISSELLA

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

MO

District

03

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

Name of Candidate

- (d) ☒ This committee is a NAT (National, State or subordinate) committee of the DEM (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

FAISELLA 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

JULIE C DONOVAN

Mailing Address

4722 TAMMST LOUISMO63109-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

314-353-8881

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 TreasurerANGELA E FAISELLA

Mailing Address

16412 WINONA AVEST LOUISMO63109-2125

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASST. TREASURER

Telephone number

314-647-4433Full Name of
Designated
AgentJAMIE G FAISELLA

Mailing Address

5521 ELIZABETHST LOUISMO63110-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CHAIRMAN

Telephone number

314-913-0726

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.

BANK OF AMERICA

Mailing Address

ST LOUIS MO 63109-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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Next Business Day Delivery ☐	
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☐ Received from Senate Public Records Office	Date of Receipt
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 PREPARER	4/17/06 DATE PREPARED

(3/2005)

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