

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEDERAL
OPERATIONS CENTER

2002 SEP 23 11:22
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 PB4M5

CASSADY FOR CONGRESS

ADDRESS (number and street)

(Check if address is changed)

PMB 130

6523 CALIFORNIA AVE SW

SEATTLE

WA

98136-1879

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S EMAIL ADDRESS

CARDL@CassadyForCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

CassadyForCongress.com

2. DATE

09 16 2002

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

N

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

MARIA C. KING

Signature of Treasurer

Maria C. King

Date

09 16 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 800-424-9530
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 Carol A. Thorne Cassidy

Candidate Party Affiliation REP Office Sought: House Senate President State WA District 07

- (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

Cassidy 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 MARIA C. KING

Mailing Address 4416 39th AVE SW
SEATTLE WA 98116-4208

Title or Position TREASURER CITY SEATTLE STATE WA ZIP CODE 98116

Telephone number 206-938-3859

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 MARIA C. KING

Mailing Address 4416 39th AVE SW
SEATTLE WA 98116-4208

Title or Position TREASURER CITY SEATTLE STATE WA ZIP CODE 98116

Telephone number 206-938-3859

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.

KEYBANK NATIONAL ASSOCIATION

Mailing Address

4701 CALIFORNIA AVE SW

SEATTLE WA 98116

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

Federal Election Commission

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