

**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

DON SHERWOOD FOR CONGRESS

ADDRESS (Number and street) **81 WARREN STREET**

(Check if address is changed) **TUNKHANNOCK PA 18657**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

election@epix.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

donsherwood.org

2. DATE **M M / D D / Y Y / Y Y**

3. FEC IDENTIFICATION NUMBER **C00334334**

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 **JOHN A. BRADY**

Signature of Treasurer Electronically Filed by **JOHN A. BRADY** Date **03 / 23 / 2002**

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

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 DONALD L. SHERWOOD

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	PA
						District	10

- (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

FRIENDS OF DON SHERWOOD

Mailing Address 81 WARREN STREET

TUNKHANNOCK PA 16657

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship PRINCIPAL CAMPAIGN COMMITTEE

Type of Connected Organization:

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

Write or Type Committee Name

DON SHERWOOD 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 JOHN A. BRADY

Mailing Address P.O. BOX 681

TUNKHANNOCK PA 18657 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number 570 - 836 - 3117

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 JOHN A. BRADY

Mailing Address P.O. BOX 681

TUNKHANNOCK PA 18657 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number 570 - 836 - 3117

Full Name of Designated Agent JUDD B. FITZE

Mailing Address 7 MARION STREET

TUNKHANNOCK PA 18657 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
ASST. TREASURER Telephone number 570 - 836 - 3185

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.

PEOPLES STATE BANK

Mailing Address

P.O. BOX 217

WYALUSING

PA

18853

CITY Δ

STATE Δ

ZIP CODE Δ