

**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

CITIZENS FOR SALAZAR

ADDRESS (Home or street)

PO BOX 6572

(Check if address is changed)

ELLCOTT CITY

MD

21042

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

citizensforsalazar@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.votesalazar.com

COMMITTEE'S FAX NUMBER

4104657121

2. DATE 04 / 07 / 2004

3. FEC IDENTIFICATION NUMBER C C00392530

4. IS THIS STATEMENT X 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 Mr. Andrew L. Tussing

Signature of Treasurer Electronically Filed by Mr. Andrew L. Tussing Date 04 / 07 / 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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

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 ANTONIO SALAZAR

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

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

CITIZENS FOR SALAZAR

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 Mrs. Patricia T Salazar

Mailing Address 10240 Little Brick House Ct

Ellicott City MD 21042 -

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

Telephone number 410 - 465 - 6866

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 Mr. Andrew L. Tussing

Mailing Address 10212 Little Brick House Ct

Ellicott City MD 21042 -

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

Telephone number 410 - 465 - 6745

Full Name of Designated Agent Mrs. Patricia T Salazar

Mailing Address 10240 Little Brick House Ct

Ellicott City MD 21042 -

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

Telephone number 410 - 465 - 5176

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.

Provident Bank

Mailing Address

114 East Lexington St.

Baltimore

MD

21202 -

CITY Δ

STATE Δ

ZIP CODE Δ