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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CHASE COMMITTEE

ADDRESS (number and street)

700 HURON AVE 14D

(Check if address
is changed)

CAMBRIDGE

MA

02138

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CHASEFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://CHASEFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE

07/07/2004

3. FEC IDENTIFICATION NUMBER ▶

C00399527

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

NAZMUL HUS

Signature of Treasurer

Nazmul Hus

Date

07/07/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
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 1-800-424-9630
 local 202-654-1100

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 _____

Candidate Party Affiliation: _____ Office Sought: House Senate President State: _____ District: _____

- (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

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 NAZMUL HOQ

Mailing Address 22 Houghton St
SOMERVILLE MA 02143

Title or Position TREASURER CITY MA STATE 02143 ZIP CODE

Telephone number 617-625-2848

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 NAZMUL HOQ

Mailing Address 22 Houghton St
SOMERVILLE MA 02143

Title or Position TREASURER CITY MA STATE 02143 ZIP CODE

Telephone number 617-625-2848

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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲


Name of Bank, Depository, etc

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	7/8/04 DATE PREPARED

(5/2004)

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