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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

Mike Cacciopoli for Congress

ADDRESS (number and street) ▼

P.O. Box 91

☐ (Check if address is changed)

Flagstaff AZ 86002-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Info@MikeCforCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MikeCforCongress.com

COMMITTEE'S FAX NUMBER

928-527-9989

2. DATE 08 25 2005

3. FEC IDENTIFICATION NUMBER ▶ C

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 Michael Cacciopoli Jr.

Signature of Treasurer Date 08 25 2005

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)

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5. TYPE OF COMMITTEE (Check One)

(a) X 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: Michael Cacciapoli

Candidate Party Affiliation: DEM

Office Sought: X House Senate President

State: A2

District: 01

(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

Mike Caccioppoli 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: Randy Lucas

Mailing Address: 1385 W University Ave #232

Flagstaff | AZ | 86001-

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

Administrative officer | Telephone number 928-380-0091

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: Michael Caccioppoli Jr

Mailing Address: P.O. Box 91

Flagstaff | AZ | 86002-

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

treasurer | Telephone number -

Full Name of Designated Agent: Randy Lucas

Mailing Address: 1385 W University Ave #232

Flagstaff | AZ | 86001-

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

Administrative officer | Telephone number 928-380-0091

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.

Compass Bank

Mailing Address 1416 E. Route 66

Flagstaff AZ 86004-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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Jmp
PREPARER

9/2/05
DATE PREPARED

(3/2005)