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2002 JUN -6 A 9:30

P.O. BOX 39 • LITCHFIELD PARK • ARIZONA 85340-0039

June 5, 2002

Federal Election Commission  
999 E Street, NW  
Washington, DC 20004

To Whom It May Concern:

I am requesting assistance in securing an FEC number for the Lisa Atkins for Congress committee as soon as possible. The Candidate ID # is H2AZ02188.

To date, you have a record of the filed Statement of Candidacy, but apparently have not processed the Statement of Organization as of yet. The campaign has a fundraising event scheduled in Washington next week and it is imperative that we have our FEC number in order to deposit checks. Enclosed please find a copy of the original Statement of Candidacy form, filed on May 17, 2002 by certified mail at your request. We would be very appreciative of any assistance you can provide.

Sincerely,

Anne Hamilton

Enclosures: 2

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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7001 2510 0004 0671 0781



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Sent to: Federal Election Commission  
 Street, Apt. No.: 999 E. Street NW  
 or PO Box No.: 2054  
Washington DC 205463

PS Form 3825, June 2001

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

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Office Use Only

1. NAME OF  
COMMITTEE (In full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Lisa Atkins for Congress

ADDRESS (number and street)

P.O. Box 39

(Check if address  
is changed)

Litchfield Park, Arizona

AZ

85340

0039

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Lisa@LisaAtkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.LisaAtkins.com

2. DATE

05 17 2002

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

XX

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

Diane McCarthy

Signature of Treasurer

*Diane McCarthy*

Date

5 17 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 10/1)

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 Lisa Ann Atkins

Candidate Party Affiliation	<u>REP</u>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<u>AZ</u>
						District	<u>02</u>

- (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

Lisa Atkins 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 Treasurer

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number' \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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 Diane McCarthy

Mailing Address 5041 W. Kaler  
 \_\_\_\_\_  
Glendale \_\_\_\_\_ AZ 85301 \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer \_\_\_\_\_ Telephone number 623 937 3519

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.

Arrowhead Community Bank

Mailing Address

17235 N. 75th Ave. Suite B100

Glendale

AZ

85308

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 Commission has added this page to the end of this filing to indicate how it was received.

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<i>Jes</i> PREPARER	6-6-07 DATE PREPARED