

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL ELECTION COMMISSION
7001 SEP -4 P 1:36
Class Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines.
D'NEILL FOR CONGRESS

ADDRESS (number and street) (Check if address is changed)
612 CATTELL STREET
EASTON PA 18042-1521
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
D.E.O.B.I@k.h.a.t.m.s.i.c.o.m

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
610-252-5783

2. DATE SEP 2 2003

3. FEC IDENTIFICATION NUMBER 0

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 ANTOINE E. BASSIL

Signature of Treasurer [Signature] Date 09 02 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §987g. 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 BRIAN E. O'NEILL

Candidate Party Affiliation R.E.P. Office Sought: House Senate President State PA District 15

- (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

NAME

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Title 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 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 ANTOINETTE BASSIL

Mailing Address 118 MORRISON AVENUE

EASTON PA 18042

Title or Position CITY STATE ZIP CODE

Telephone number 610 - 258 - 0482

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.

P.A.C. BANK

Mailing Address

1170 SOUTH CEDAR CREST BLVD

Allentown

PA

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.

| | |
|---|---|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt 9-4-03 |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
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| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>AC</i> PREPARER | 9-4-03 DATE PREPARED |

2003年9月4日
 2003年9月4日
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