

2002 MAR -5 P 1:31

**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

MADDY CONGRESS

ADDRESS (number and street)

P.O. BOX 1219

(Check if address is changed)

PACIFICA

CA

94044

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MADDY@MADDYCONGRESS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MADDYCONGRESS.ORG

2. DATE Feb. 19, 2002

3. FEC IDENTIFICATION NUMBER ▶ C

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

Mark W. Ackley

Signature of Treasurer

Mark W. Ackley

Date 2-19-2002

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 1/01)

2002 MAR 05 11:31 AM

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 MAAD H. ABU-GHAZALAH

Candidate Party Affiliation Libertarian Office Sought House Senate President State Calif District 12

- (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

22-03-249-0968

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 MARK W. ACKLEY

Mailing Address 3151 FASMAN DR
SAN BRUNO CA 94066

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 650-1738-1729

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 MARK W. ACKLEY

Mailing Address 3151 FASMAN DR
SAN BRUNO CA 94066

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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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3/5/02
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(6/2000)

02 . 02 . 749 . 0971