

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

7/27/15 9:35 AM

12FE4M5 FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

Matthew Schnackenberg FL-11

ADDRESS (number and street)

116018 Willeson Blvd

(Check if address is changed)

Maitland town CITY

FL STATE

34604-1 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

chschnackenberg122@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07/27/2015

3. FEC IDENTIFICATION NUMBER

C00543009

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)



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

Matthew Schnackenberg

Signature of Treasurer

[Handwritten Signature]

Date

07/27/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Matthew Schmackenberg

Candidate Party Affiliation LPF Office Sought:  House  Senate  President State FL District 11

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

DUPLICATE COPY

Write or Type Committee Name

Math for Congress FL-11

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

[Empty grid lines for city, state, and zip code]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Matt Schnackenberg

Mailing Address

16018 Wilson Blvd

Marytown

FL

34604

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 352-232-1126

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

Matt Schnackenberg

Mailing Address

16018 Wilson Blvd

Marytown

FL

34604

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

Full Name of Designated Agent

Kathleen Schnackenberg

Mailing Address

16918 Wilson Blvd

Marsaxitown

CITY

FL

STATE

34604-

ZIP CODE

Title or Position

Assistant Treasurer

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.

Capital City Bank

Mailing Address

14302 Spring Hill Drive

Spring Hill

CITY

FL

STATE

34609-

ZIP CODE

Name of Bank, Depository, etc.


Mailing Address

CITY

STATE

ZIP CODE

COUNTY: COUNTY: COUNTY:

  
 Kathleen Schnackenberg  
 16018 Wilson Blvd.  
 Massyktown, FL 34604

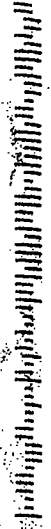
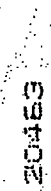
OUT-W OUT-INT-1



TAMPA, FL 335  
 SAINT PETERSBURG, FL  
 02 FEB 2015 FM 11


Federal Elections Commission  
 999 E Street NW  
 Washington, DC 20463

RECEIVED  
 2015 FEB -9 AM 9:34  
 FEC MAIL CENTER

  
 20463 

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 2/2/15
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER  
 (8/2013)

2/9/15  
 DATE PREPARED

2013-02-09 10:10:10