FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)			Office use only		
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
VoteVets					
ADDRESS (number and str	reet) 770 BROAD WAY (2	ND FLOOR)			
(Check if addres is changed)	NEW YORK		NY 10003 -		
OOMMITTEE!O E MAII	ADDDEGG	CITY▲	STATE▲ ZIP CODE ▲		
COMMITTEE'S E-MAIL jon.soltz@gmai			,		
Jon.sonz@gman					
COMMITTEE'S WEB P	AGE ADDRESS (URL)				
www.votevets.	org 				
COMMITTEE'S FAX NU 6464158934	JMBER				
2. DATE 0 6	15 / Y Y Y Y Y Y Y 2006				
3. FEC IDENTIFICAT	ION NUMBER	C C00418897			
4. IS THIS STATEME	NEW (N) OR	AMENDED (A)			
I certify that I have examine	ed this Statement and to the best of my known	owledge and belief it is true, correct a	nd complete		
Type or Print Name of T	reasurer Jonathan Soltz				
Signature of Treasurer	Electronically Filed by Jonathan	Soltz	Date 0 6 1 5 / Y Y Y Y Y		
NOTE: Submission of false	•	y subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530			

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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							
	Candidate Party Affiliation Office Sought: House Senate President	State					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate						
	(d) This committee is a (or subordinate) committee of the Repr	nocratic, ublican,etc.) Party.					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party					
6.	Name of Any Connected Organization or Affiliated Committee						
	IA Vets for Congress						
L							
	Mailing Address 770 Broadway						
	2nd Floor						
	New York NY NY 100	03					
	CITY STATE Z	IP CODE A					
	Relationship Joint Fund. Rep.						
Type of Connected Organization:							
	Corporation Corporation w/o Capital Stock Labor Organization	า					
	X Membership Organization Trade Association Cooperative						

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Write or Type Committee Name							
VoteVets							
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Jonathan	Soltz						
Mailing Address	203 Arabella St						
_	McDonald		15057				
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A				
Treasurer		Telephone number	415 8429				
Full Name of Treasurer Mailing Address Jonathan	Soltz 203 Arabella St						
-	McDonald		15057				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number 646	415 8429				
Full Name of Designated Agent							
Mailing Address							
_							
_							
Title or Position ▼	CITY A						

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9.	Banks or Other Depositories safety deposit boxes or maintai	·	ounts, rents
	Name of Bank, Depository, etc	•	
	Bank o	of America	
	Mailing Address	72 Second Avenue	
		New York NY 10	0003

STATE ∠

ZIP CODE △

CITY \triangle