RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 MAY 31 A 9:36

FEC FORM 1 STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

STEVE WARNER FOR CONGRESS

ADDRESS (number and street) ▼

RMB 193 2008 MILLENNIUM CENTER

☐ (Check if address is changed)

CALIFORNIA VA 20619-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

STEVEN@STEVENWARNER.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.STEVENWARNER2006.COM

COMMITTEE'S FAX NUMBER

410-391-1523

2. DATE 05 30 2006

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 Shuchita Warner

Signature of Treasurer Shuchita Warner Date 05 30 2006

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 02/2003)

FE3AN042.PDF

25939204

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: STEVEN WARNER

Candidate Party Affiliation: GRN

Office Sought: ☑ House ☐ Senate ☐ President

State: MD

District: 05

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

Name of Candidate: STEVEN WARNER

(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

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: SHUCHITA WARNER

Mailing Address: P.O. BOX 162

SOLOMONS MD 20688-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 410-394-3826

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: SHUCHITA WARNER

Mailing Address: P.O. BOX 162

SOLOMONS MD 20688-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 410-394-3826

Full Name of Designated Agent

Mailing Address

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

26020392046

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.

BB&T

Mailing Address 23415 THREE NOTCH RD

CALIFORNIA MD 20619-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

25939204 7

26033092048

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.

☑	Hand Delivered	Date of Receipt 5/31/06
☐	USPS First Class Mail	Postmarked
☐	USPS Registered/Certified	Postmarked (R/C)
☐	USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label ☐	Postmarked
☐	USPS Express Mail	Postmarked
☐	Postmark Illegible	
☐	No Postmark	
☐	Overnight Delivery Service (Specify): Next Business Day Delivery ☐	Shipping Date
☐	Received from House Records & Registration Office	Date of Receipt
☐	Received from Senate Public Records Office	Date of Receipt
☐	Received from Electronic Filing Office	Date of Receipt
☐	Other (Specify):	Date of Receipt or Postmarked

(signature)	5/31/06
PREPARER	DATE PREPARED

(3/2005)