

**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

CHRIS CHOCOLA FOR CONGRESS INC

ADDRESS (Home or street) PO BOX 6728

(Check if address is changed) SOUTH BEND IN 46660

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

chocola@mapleret.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.chocolaforcongress.com

2. DATE 09 / 26 / 2002

3. FEC IDENTIFICATION NUMBER C00350926

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 James R. Evans

Signature of Treasurer Electronically Filed by James R. Evans Date 09 / 26 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 _____

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	IN
						District	02

- (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

Hoosier's Salute to The President _____

Mailing Address _____ PO Box 6668 _____

_____ South Bend _____ IN _____ 46660 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ JF COMMITTEE _____

Type of Connected Organization:

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

Write or Type Committee Name

CHRIS CHOGLA FOR CONGRESS INC

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 James R. Evans

Mailing Address 65679 Country Rd 21

Goshen IN 46526

Title or Position CITY STATE ZIP CODE

Treasurer

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 James R. Evans

Mailing Address 65679 Country Rd 21

Goshen IN 46526

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

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.

Elkhart Community Bank

Mailing Address

303 South 3rd Street

Elkhart

IN

46516 -

CITY Δ

STATE Δ

ZIP CODE Δ