

**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

Trakas for Congress

ADDRESS (number and street)

6924 Brettin Dr

☐(Check if address
is changed)

Independence

OH

44131

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

c.fast@walthall.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jimtrakas.org

COMMITTEE'S FAX NUMBER

2165730771

2. DATE

M M
09/ D D
23/ Y Y Y Y
2008

3. FEC IDENTIFICATION NUMBER

C C00442939

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

JOHN M VERES

Signature of Treasurer

Electronically Filed by JOHN M VERES

Date

M M
09/ D D
23/ Y Y Y Y
2008

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

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**Honorable James Peter Trakas**Candidate
Party Affiliation**REP**Office
Sought:☒

House

☐

Senate

☐

President

State

OH

District

10

- (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
- (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 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. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 5. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Trakas for Congress

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

NE-OH Congressional Victory Fund

Mailing Address

228 S. Washington Street Suite 115**Alexandria****VA****22314**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Leadership PAC Sponsor

☒

Joint Fundraising Representative

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

Mr Charles S Fast, II

Mailing Address

6300 Rockside Rd**Independence****OH****44131**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

deputy treasurerTelephone number **216** - **573** - **9051**

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**JOHN M VERES**

Mailing Address

6944 North Renwood Dr**Independence****OH****44131**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TreasurerTelephone number **216** - **642** - **9370**

Full Name of
Designated
Agent

CHARLES S FAST

Mailing Address

6300 Rockside Rd

Independence

OH

44131 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Deputy Treasurer

Telephone number

216 -

573 -

9051

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.

National City Bank

Mailing Address

6213 Brecksville Rd

Independence

OH

44131 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

BB&T

Mailing Address

1909 K Street NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Leadership PAC Sponsor

☐

Joint Fundraising Representative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C