

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2006 AUG 28 A 11:08

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

WES HOAGLUND CAMPAIGN FOR US HOUSE DISTRICT 8

ADDRESS (number and street)

709 33RD STREET



(Check if address
is changed)

ORLANDO

FL

32805-7113

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CAMPAIGN@VOTE4WES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.VOTE4WES.COM

COMMITTEE'S FAX NUMBER

2. DATE

08

21

2006

3. FEC IDENTIFICATION NUMBER ▶

C00424614

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

LUCY S. GARMAN

Signature of Treasurer

Lucy S. Garman

Date

08

22

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.

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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)

FE3AND42.PDF

11/01/06 11:08 AM 11/01/06 11:08 AM

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

WESLEY ALAN HOAGLUND

Candidate Party Affiliation

IND

Office Sought:

☒

House

☐

Senate

☐

President

State

FL

District

08

- (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

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

WES HOAGLUND CAMPAIGN FOR US HOUSE DISTRICT 8

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 LUCY S GARMANMailing Address 1800 GEIGEL AVENUEORLANDO FL 32806-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 407-251-0854

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 LUCY S GARMANMailing Address 1800 GEIGEL AVENUEORLANDO FL 32806-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 407-251-0854Full Name of Designated Agent SUSAN E. REINHEIMERMailing Address 11707 E JERSEY STORLANDO FL 32806-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number 407-1896-10941

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.

WACHOVIA BANK N.A.

Mailing Address

2610 SOUTH ORANGE AVENUE

ORLANDO FL 32806-4548

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked

Jm B
PREPARER

8-28-06
DATE PREPARED