

CONTI FOR CONGRESS, INC.

FACSIMILE TRANSMISSION SHEET

TO	FROM
Federal Election Commission	Joanna L. Conti
COMPANY:	DATE:
	3/14/2005
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Form 1 & Form 2	

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NOTES/COMMENTS

The original documents will follow in overnight mail.

PO BOX 280574, LAKEWOOD, CO 80228

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(Also file with)

1. NAME OF
COMMITTEE (As Filed)

(Check if name
is changed)

Example: If typing, type
over the line.

129384MS

Committee for Congress, Inc.

ADDRESS (number and street)

P.O. Box 280674

(Check if address
is changed)

LAKELAND

FL

33022

CITY *

STATE *

ZIP CODE *

COMMITTEE'S E-MAIL ADDRESS

info@committeeforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.committeeforcongress.org

COMMITTEE'S FAX NUMBER

303-521-4119

2. DATE

03/14/2005

3. FEC IDENTIFICATION NUMBER ▶

0

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

SANDY PARTYKA

Signature of Treasurer

Date

03/14/2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
P.O. Box 960494
Las Vegas, NV 89196-0494

FEC FORM 1
(Revised 02/2003)

FEC Form 1 (Revised 02/2003)

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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: JOANNA L. CONTI

Candidate Party Affiliation: DEM Office Sought: House Senate President State: CO District: 07

- (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

NONE

Street Address: _____

CITY STATE ZIP CODE

Relationship: _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

FEC Form 1 (Revised 02/2003)

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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 SANDY PARTYKA

Mailing Address P.O. Box 533

INDIAN HILLS CO 80454

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number (303)-246-6496

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 (i.e., assistant treasurer).

Full Name of Treasurer SANDY PARTYKA

Mailing Address P.O. Box 533

INDIAN HILLS CO 80454

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number (303)-246-6496

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.

FIRST BANK

Mailing Address

P.O. Box 3879

EVERGREEN

CO

80437-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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