

# 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

Faleomavaega for Congress Committee

ADDRESS (number and street)

L'Enfant Plaza Station

(Check if address is changed)

P.O. Box 44669

Washington

DC

20026

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

vwinpisinger@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.faleomavaega.com

COMMITTEE'S FAX NUMBER

3019471531

2. DATE

12 / 19 / 2006

3. FEC IDENTIFICATION NUMBER

C C00231092

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

ENI FALEOMAVAEGA

Signature of Treasurer

Electronically Filed by ENI FALEOMAVAEGA

Date

12 / 19 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 **ENI FALEOMAVAEGA**

Candidate Party Affiliation **DEM** Office Sought:  House  Senate  President State **AS** District **00**

- (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

**Faleomavaega for Congress Committee**

- 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 **Vickie Winpisinger**

Mailing Address **315 Inspiration Lane**

**Gaithersburg** **MD** **20878**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **301 947 0278**

- 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 **ENI FALEOMAVAEGA**

Mailing Address **PO Box 44669**

**Washington** **DC** **20026**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **703 801 8854**

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.

ANZ Amerika Samoa Bank

Mailing Address

P.O. Box 3790

Pago Pago

AS

96799

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 ]

**Bank of America**

Mailing Address **P.O. Box 27025**

**Richmond** **VA** **23261** -

CITY ▲ STATE ▲ ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

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

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number  -  -

