

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 AUG 29 A 9 41

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

OTTERBEIN FOR CONGRESS

ADDRESS (number and street)

647 SOUTH MAIN STREET



(Check if address
is changed)

SHREWSBURY

PA

17361

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JOEOTTERJR@NETSCAPE-NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

OTTERBEINFORCONGRESS

COMMITTEE'S FAX NUMBER

2. DATE

08

21

2005

3. FEC IDENTIFICATION NUMBER

C00414193

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

JOE OTTERBEIN

Signature of Treasurer

Joseph S. Otterbein

Date

08

21

2005

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
Only

203
08-21
8/29

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

JOE OTTERBEIN

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

PA

District

19

- (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

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

JOE OTTERBEIN

Mailing Address

647 SOUTH MAIN STREET

SHREWSBURY

PA

17361

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

717-235-2428

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

JOE OTTERBEIN

Mailing Address

647 SOUTH MAIN STREET

SHREWSBURY

PA

17361

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

717-235-2428

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Jm p PREPARER	8/29/05 DATE PREPARED

(3/2005)

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