

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2011 DEC -9 AM 10:13
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

GREG ANDREWS, MD FOR CONGRESS

ADDRESS (number and street)

PO BOX 750

☐

(Check if address
is changed)

SOUTH BRND

IN

46624-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

gandmd@comcast.net

☐

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://gouthney2012.org

(WEBSITE IS RESERVED,
WILL BRUP IN 10-14 days)

☐

(Check if address
is changed)

WILL NOTIFY

COMMISSION WHEN
UP.

2. DATE

12

07

2011

3. FEC IDENTIFICATION NUMBER

C

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

GREGORY A. ANDREWS, MD

Signature of Treasurer

Gregory A. Andrews, MD

Date

12

07

2011

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

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

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

GREG AMORENS, MD

Candidate Party Affiliation

REP

Office Sought:



House



Senate



President

State

IN

District

02

- (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
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
- ☐ 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"/> |

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Write or Type Committee Name

GREG ANDREWS, MO FOR CONGRESS

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

GREG ANDREWS, MO

Mailing Address

53251 SUNSET MARBLE DRIVE

SOUTH BEND

IN

46628-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

574-387-4383

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

GREGORY A. ANDREWS, MO

Mailing Address

53251 SUNSET MARBLE DRIVE

SOUTH BEND

IN

46628-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

574-387-4383

11030693317

Full Name of
Designated
Agent

GREGORY A. ANDREWS, MD

Mailing Address

53251 SUNSET MARBLE DRIVE

SOUTH BEND

CITY

IN

STATE

46628

ZIP CODE

Title or Position

TREASURER (+ CANDIDATE)

Telephone number

574-387-4383

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.

NOTRE DAME FEDERAL CREDIT UNION

Mailing Address

19033 DOUGLAS ROAD

SOUTH BEND

CITY

IN

STATE

46556

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030693318

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.

☐ Hand Delivered	Date of Receipt
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☐ Postmark Illegible	
☐ No Postmark	
☒ Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>12/7/11</i>
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
<i>PR</i> PREPARER	<i>12/9/11</i> DATE PREPARED

(3/2005)

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