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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. PETER HERTZ FOR CONGRESS

PETER HERTZ FOR CONGRESS

ADDRESS (number and street) 155 HUDSON STREET

(Check if address is changed) NEW YORK NY 10013

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
KAMODI@PETERHERTZ.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
WWW.PETERHERTZ.COM

COMMITTEE'S FAX NUMBER
(212) 431-0513

2. DATE 05 03 2003

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 Tal Westman

Signature of Treasurer  Date 05 03 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §407g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 PETER HORT

Candidate Party Affiliation Office Sought: House Senate President State District

- (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

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

PETER HOYT FOR CONGRESS

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 SUSAN HODGINS

Mailing Address 155 HUDSON STREET #5

NEW YORK NY 10013

Title or Position CITY STATE ZIP CODE

ADMINISTRATIVE ASSISTANT Telephone number 212-431-1622

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 TIA L. LEGITZMAN

Mailing Address 155 HUDSON STREET #5

NEW YORK NY 10013

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 212-473-0034

Full Name of Designated Agent SUSAN HODGINS

Mailing Address 155 HUDSON STREET #5

NEW YORK NY 10013

Title or Position CITY STATE ZIP CODE

ADMINISTRATIVE ASSISTANT Telephone number 212-431-1622

3. 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.

COMMERCIAL BANK

Mailing Address

199-5 BROADWAY

NEW YORK NY 10038

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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2003年5月15日 星期二 15:00:00