

FEC
FORM 1

STATEMENT
ORGANIZATION

RECEIVED
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DEC 11 PM 1:28

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

ROB QUARTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 21



(Check if address
is changed)

GWYN

VA

23066

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MAIL@ROBQUARTERFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ROBQUARTERFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE

11 / 02 / 2007

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

DONALD
Robert Quarter Jr.

Signature of Treasurer

Donald Quarter

Date

11 / 01 / 2007

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 02/2003)

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

DONALD ROBERT GUARTEL JR

Candidate
Party Affiliation

REP

Office
Sought:

House



Senate



President

State

VA

District

01

- (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

JOHN KEVIN MORGAN

Mailing Address

3756 W STREET NW

WASHINGTON

DC

20007-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CAMPAIGN MANAGER

Telephone number

202-285-6836

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

DONALD ROBERT QUARTEL JR

Mailing Address

PO BOX 21

Gwynn

VA

23066-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

804-725-9756

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

27039573362

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.

BANK OF AMERICA

Mailing Address

10458 BUCKLEY HALL ROAD

MATHEWS

VIA

23109

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 FEC added this page to the end of this filing to indicate how it was received.

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☐ Other (Specify):	Date of Receipt or Postmarked


PREPARER

12/11/07
DATE PREPARED