

**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
Losey for Congress Committee

ADDRESS (Number and street) (Check if address is changed)
P.O. Box 759
Hilliard OH 43026-0759
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
losey@loseyforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.loseyforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
10 / 30 / 2005

3. FEC IDENTIFICATION NUMBER **C C00410951**

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 **Wendy O'Bryan Ward**

Signature of Treasurer Electronically Filed by Wendy O'Bryan Ward Date ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
10 / 30 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 MARK ADRIAN LOSEY

| | | | | | | | |
|-----------------------------|------------|----------------|---|---------------------------------|------------------------------------|----------|-----------|
| Candidate Party Affiliation | DEM | Office Sought: | <input checked="" type="checkbox"/> House | <input type="checkbox"/> Senate | <input type="checkbox"/> President | State | OH |
| | | | | | | District | 15 |

- (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 A STATE A ZIP CODE A

Relationship _____

- Type of Connected Organization:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

Losey 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 Tess R Losey

Mailing Address 2763 Wynnerock Court

Hilliard OH 43026 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 614 - 921 - 1327

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 Tess R Losey

Mailing Address 2763 Wynnerock Court

Hilliard OH 43026 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 614 - 921 - 1327

Full Name of Designated Agent Paul M Ackerman

Mailing Address 8818 Hornsea Drive

Powell OH 43065 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 614 - 336 - 0148

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.

Richwood Banking Company

Mailing Address

601 West Main Street

P.O. Box 125

Plain City

OH

43064

0125

CITY ▲

STATE ▲

ZIP CODE ▲