

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 JUL 29 A 11:25
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

WEBER FOR CONGRESS

ADDRESS (number and street)

208 MCGINNIS DR



(Check if address
is changed)

ATLANTIC BEACH

NJ

29512-6813

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CRAIG @ WEBER IN THE HOUSE . COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WEBER IN THE HOUSE . COM

COMMITTEE'S FAX NUMBER

2. DATE

07

23

2005

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

AMANDA WEBER

Signature of Treasurer

Amanda Weber

Date

07

23

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

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

CRAIG WEBER

Candidate
Party Affiliation

Sen

Office
Sought:☒

House

☐

Senate

☐

President

State

DC

District

3

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

N/A

- (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

N/A

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

WEBER 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

TREASURER

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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

ANANDA WEBER

Mailing Address

208 MCGINNIS DR.

ATLANTIC BEACH

NC

28512-6313

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

252-726-9697

Full Name of
Designated
Agent

Mailing Address

N/A

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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.

Branch Banking and Trust

Mailing Address

PO BOX 1616

4408 AARON ELL ST

NORFOLK CITY

VA

28557

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☒ USPS Express Mail	Postmarked 7/28/05
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
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

sc/
PREPARER

7/29/05
DATE PREPARED