

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Paul S Burtzlaeff for Congress

ADDRESS (number and street)

32414 Lake Rd



(Check if address
is changed)

Avon Lake

OH

44012-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

paulsburtzlaeff@burtzlaeff.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

Burtzlaeff.org

COMMITTEE'S FAX NUMBER

801-457-2107

2. DATE

04

15

2006

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

DAVID D. BUEGLER

Signature of Treasurer

David D. Bugler

Date

04

15

2006

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

PAUL S. BURTZLAFF

Candidate
Party Affiliation

Rep

Office
Sought:

House

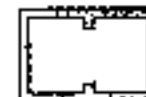


Senate



President

State



District

13

- (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 PAUL S. BURTZLAFFMailing Address 32414 Lake RoadAvon Lake OH 44012

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CandidateTelephone number 440-933-8316

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 DAVID BUEGLERMailing Address 4321 Tamarox RdAvon OH 44011

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TreasurerTelephone number 440-937-5598Full Name of Designated Agent Suzanne M. BurtzloffMailing Address 32414 Lake RdAvon Lake OH 44012

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant TreasurerTelephone number 440-933-8316

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.

Charter One Bank

Mailing Address

11299 Columbia Rd

Westlake

011

44012-

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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☐ Postmark Illegible	
☐ No Postmark	
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Next Business Day Delivery ☐	
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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

PREPARER

(3/2005)

4/18/06
DATE PREPARED

26039050391