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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1 NAME OF
COMMITTEE (or FUD)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Porter Guss Re-election Team

ADDRESS (number and street)

P.O. Box 517

(Check if address
is changed)

Fort Myers

FL

33902

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PGRELECTTEAM@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

239-945-3235

2. DATE

04 02 2003

3. FEC IDENTIFICATION NUMBER ▶

000219204

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

Joe Mazurkiewicz, Jr.

Signature of Treasurer

Date

04 02 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §417g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

Office
Use
Only

For further information contact
Federal Election Commission
Tel. Fax 800-424-9530
Local 202-594-1100

FEC FORM 1
(Revised 10/2003)

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 Porter J. Goss

Candidate Party Affiliation Rep Office Sought: House Senate President State FL District 4

- (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:

Porter Goss Re-election Team

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 Joseph M Mazurkiewicz Jr

Mailing Address PO Box 517 Front Myers FL 33902

Title or Position Campaign Treasurer Telephone number 239-945-3735

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 Joseph M Mazurkiewicz Jr

Mailing Address PO Box 517 Front Myers FL 33902

Title or Position Treasurer Telephone number 239-945-3735

Full Name of Designated Agent

Mailing Address

Title or Position 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.

Wachovia

Mailing Address

5801 Pelican Bay Blvd

Wingate FL 33963

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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<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;">  PREPARER </div> <div style="text-align: right;"> 4-7-03 DATE PREPARED </div> </div>	

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