

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

FRIENDS OF DON SHERWOOD

ADDRESS (number and street)

81 WARREN STREET

(Check if address is changed)

TUNKHANNOCK

PA

18657

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JBFITZE@PTD.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

570-836-4991

2. DATE

01 / 18 / 2007

3. FEC IDENTIFICATION NUMBER

C C00343558

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 JUDD B. FITZE

Signature of Treasurer Electronically Filed by JUDD B. FITZE

Date 01 / 18 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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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 L. SHERWOOD**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **PA** District **10**

- (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

ROMP IV 2006

Mailing Address **228 Washington Street**
Suite 115
Alexandria **VA** **23314**
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Joint Fundraising**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

FRIENDS OF DON SHERWOOD

- 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 **JUDD B. FITZE**

Mailing Address **7 MARION STREET**

TUNKHANNOCK PA 18657

Title or Position ▼ **TREASURER** CITY ▲ **TUNKHANNOCK** STATE ▲ **PA** ZIP CODE ▲ **18657**

Telephone number **570 836 3185**

- 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 **JUDD B. FITZE**

Mailing Address **7 MARION STREET**

TUNKHANNOCK PA 18657

Title or Position ▼ **TREASURER** CITY ▲ **TUNKHANNOCK** STATE ▲ **PA** ZIP CODE ▲ **18657**

Telephone number **570 836 3185**

Full Name of Designated Agent **DEE ANN WATTS**

Mailing Address **RR 3 BOX 124-A**

WYALUSING PA 18853

Title or Position ▼ **ASST. TREASURER** CITY ▲ **WYALUSING** STATE ▲ **PA** ZIP CODE ▲ **18853**

Telephone number **570 746 7779**

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.

PEOPLES STATE BANK

Mailing Address

P.O. BOX 217

WYALUSING

PA

18853

CITY ▲

STATE ▲

ZIP CODE ▲