

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. **12FE4M5**

Mike Weisser for U.S. Congress

ADDRESS (number and street)  (Check if address is changed) **4490 N. Sundown Drive**

Golden Valley **AZ** **86413**

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) **mikelweisser@gmail.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) **www.mikelweisser.org**

2. DATE **02/01/2012**

3. FEC IDENTIFICATION NUMBER **C1**

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

Beth L. Weisser

Signature of Treasurer

Beth L. Weisser

Date

**02/01/2012**

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  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

12030740472

## 5. TYPE OF COMMITTEE

## Candidate Committee:

(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

Mike Weisser

Candidate Party Affiliation  DEM Office Sought:  House  Senate  President State  AZ  
District  04

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

Name of Candidate

## Party Committee:

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

## Political Action Committee (PAC):

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<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

In addition, this committee is a Lobbyist/Registrant PAC.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

## Joint Fundraising Representative:

(g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## Committees Participating in Joint Fundraiser

1.  FEC ID number  C
2.  FEC ID number  C
3.  FEC ID number  C
4.  FEC ID number  C



Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

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.

*Mohave State Bank**3737 Stockton Hill Rd**Kingman**AZ**86409*

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

## Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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Date of Receipt

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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



PREPARER

(3/2005)

2/10/12

DATE PREPARED