

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Officer Use Only

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

BillChoby.Org

ADDRESS (Home or street) 1905 Bates Drive

(Check if address is changed) Johnstown PA 15905 1718

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

billchoby@charter.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.billchoby.org

2. DATE 09 / 10 / 2002

3. FEC IDENTIFICATION NUMBER **C00242669**

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 BILL CHOBY

Signature of Treasurer Electronically Filed by BILL CHOBY Date 09 / 10 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 BILL CHOBY

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	PA
						District	12

- (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

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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 **BILL CHOBY**

Mailing Address **1905 BATES DRIVE**

JOHNSTOWN PA 15905

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Candidate Telephone number **814 - 255 - 7779**

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 **BILL CHOBY**

Mailing Address **1905 BATES DRIVE**

JOHNSTOWN PA 15905

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Candidate Telephone number **814 - 255 - 7779**

Full Name of Designated Agent

Mailing Address

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.

Mailing Address _____

_____ - _____

CITY Δ STATE Δ ZIP CODE Δ

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____