

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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| | |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) Alberty for Congress | 2. DATE 6-7-00 |
| (b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 8302 Southern Blvd. | 3. FEC Identification Number C10349456 |
| (c) City, State and ZIP Code Boardman, OH 44512 | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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 H. Alberty | Candidate Party Affiliation Rep. | Office Sought Congress | State/District OH 7th |
|---|--|----------------------------------|---------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| | | |

Type of Connected Organization

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

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 | Mailing Address | Title or Position |
|-------------------------|----------------------------------|-------------------|
| Maria S. Alberty | 51 Poland Manor Poland OH | N/A |

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 | Mailing Address | Title or Position |
|-------------------------|---|----------------------------|
| James E. Roberts | 3031 Southview Trail, Poland, OH 44514 | Treasurer |
| Maria S. Alberty | 51 Poland Manor Poland OH 44514 | Assistant Treasurer |

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 and ZIP Code |
|--------------------------------|---|
| Home Savings | P.O. Box 1111 Youngstown OH 44501-1111 |

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 James E. Roberts | SIGNATURE OF TREASURER | DATE 6-7-00 |
|--|----------------------------|-----------------------|

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.

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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| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED 6-15-00 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>jes</i> PREPARER | 6-21-00 DATE PREPARED |