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**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. 12PE4M5

MARTINI FOR CONGRESS

ADDRESS (number and street) (Check if address is changed)

1827 Austin Way
 Steinitz-Robert
 CITY STATE ZIP CODE
 STEINITZ ROBERT CA 91514-0141-13161017

COMMITTEE'S E-MAIL ADDRESS

taftst@sonic.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

MARTINI-FOR-CONGRESS.COM

2. DATE 1 2 0 4 2 0 0 1

3. FEC IDENTIFICATION NUMBER C

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 David Voss

Signature of Treasurer *David Voss* Date 1 2 0 4 2 0 0 1

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.

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 Mikie Martinelli

Candidate Party Affiliation DEM Office Sought: House ; Senate President State CA District 06

- (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

MARTINI FOR CONGRESS

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 Michael F. Martini

Mailing Address 1827 Austin Way

Sanibel Riosa CIA 95404-3607

Title or Position CITY STATE ZIP CODE

Candidate Telephone number 707-526-6906

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 David Viossa

Mailing Address 545 Fourth Street

Post Office Box 403

Sanibel Riosa CIA 95402

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 707-524-3119

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.

Exchange Bank

Mailing Address

Political Official Boxes 141013

Sainta Rosa CA 95402

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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<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
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<i>SP</i>		<i>1-16-07</i>
PREPARER		DATE PREPARED