

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)  <p style="text-align: center; font-size: 1.2em;">MORITZ FOR CONGRESS</p>	2. DATE  <p style="text-align: center; font-size: 1.2em;">11/26/99</p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="text-align: center;">P. O. BOX 9847</p>	3. FEC Identification Number  
(c) City, State and ZIP Code <p style="text-align: center;">AUSTIN, TEXAS 78766-9847</p>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 COMMISSION MAIL ROOM

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**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<br>Dr. Charles Moritz, MD | Candidate Party Affiliation<br>Republican | Office Sought<br>U.S. Congress | State/District<br>TX 10 |
|---|---|--------------------------------|-------------------------|
- (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.

<small>Full Name</small>	<small>Mailing Address</small>	<small>Title or Position</small>
Dr. Charles E. Moritz; P. O. Box 9847; Austin, TX 78766-9847;		Candidate.

**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).

<small>Full Name</small>	<small>Mailing Address</small>	<small>Title or Position</small>
Dr. Phillip J. Church, MD	P. O. Box 9847; Austin, TX 78766-9847 (512)459-5095	

**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.

<small>Name of Bank, Depository, etc.</small>	<small>Mailing Address and ZIP Code</small>
Frost National Bank; P. O. Box 1727; Austin, Texas 78767	

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  Dr. Phillip J. Church, MD	SIGNATURE OF TREASURER 	DATE  11/26/99
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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.

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

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(revised 4/87)

