

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JAN 17 A 10:06
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Friends of Werner

ADDRESS (number and street)

25735 Lorrain Road Suite 402

(Check if address is changed)

North Olmsted OH 44070-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

vincitory2006@wernerforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.wernerforcongress.com

COMMITTEE'S FAX NUMBER

440-736-9696

2. DATE

MM / DD / YYYY

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

Joseph Michael Tomaceski

Signature of Treasurer

Joseph Michael Tomaceski

Date

01 / 06 / 2006

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 Use Only

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

FEC FORM 1
(Revised 02/2003)

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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 Jason Werner

Candidate Party Affiliation REP DEM IND LIB UNK

Office Sought: House Senate President

State: AL AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District: 1 2 3 4 5 6 7 8 9 10 11 12

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

Name of Candidate Jason Werner

- (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

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Write or Type Committee Name

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 Joseph Michael Tomaceski

Mailing Address 25735 Lorain Road Suite 402
North Olmsted OH 44070

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 216-269-7708

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 Joseph Michael Tomaceski

Mailing Address 25735 Lorain Road Suite 402
North Olmsted OH 44070

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 216-269-7708

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 _____ Telephone number _____

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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.

Charter One

Mailing Address

125290 Laramie Road

North Olmsted OH 44070-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JM 10
 PREPARER
 (3/2005)

1-17-06
 DATE PREPARED

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