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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4145

Dr. Frank Schwerin for Congress

ADDRESS (number and street)

P.O. Box 9176

(Check if address is changed)

Naples

FL

34101 9176

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

campaign@frankschwerin.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

frankschwerin.com

COMMITTEE'S FAX NUMBER

239 592 5461

2. DATE

01 02 2004

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

Christopher Marrie

Signature of Treasurer

Date

01 02 2004

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.

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

FEC FORM 1
(Revised 02/2003)

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 Frank Schwertin

Candidate Party Affiliation REP Office Sought: House Senate President State FL District 14

- (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 autonomous) 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

NONE

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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 Nancy Borelli

Mailing Address P.O. Box 9176

Naples FL 34101 - 9176

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 239 - 498 - 3444

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 Christopher Maric

Mailing Address P.O. Box 9176

Naples FL 34101 - 9176

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 239 - 498 - 3444

Full Name of Designated Agent Nancy Borelli

Mailing Address P.O. Box 9176

Naples FL 34101 - 9176

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 239 - 498 - 3444

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.

Northern Trust Bank

Mailing Address

375 Fifth Ave S

Naples

FL

34102

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

None

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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