

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MATT WERTZ FOR CONGRESS

ADDRESS (number and street)

121 STATE STREET



(Check if address
is changed)

HARRISBURG

PA

17101-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mattwertzforcongress@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

03 / 20 / 2006

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒ N

NEW (N)

OR

☐ A

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

Robert M. Ramirez, Jr.

Signature of Treasurer

Robert M. Ramirez, Jr.

Date

03 / 20 / 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)

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

MATTHEW A. WEITZ

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

PA

District

17

- (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

MATT WERTZ 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 ROBERT MARK RAMIREZ JR

Mailing Address 121 STATE STREET

HARRISBURG PA 17101

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER Telephone number 703-629-9441

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 ROBERT MARK RAMIREZ JR

Mailing Address 121 STATE STREET

HARRISBURG PA 17101

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER Telephone number

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.

SOVEREIGN BANK

Mailing Address

235 W 2ND STREET

HARRISBURG

PA

17101-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

COMMERCE BANK

Mailing Address

300 W 2ND STREET

HARRISBURG

PA

17101-

CITY ▲

STATE ▲

ZIP CODE ▲

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.

☐ Hand Delivered	Date of Receipt
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☐ No Postmark	
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JM D
 PREPARER
 (3/2005)

3-27-06
 DATE PREPARED

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