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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. 127E4M5

HOSPITALER FOR CONGRESS

ADDRESS (number and street) 21 TACE AVENUE

(Check if address is changed)

HERSHEY

PA

17033-2151

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

HOSSEHOSSEUSA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HOSSEUSA.COM

2. DATE 03 18 2003

3. FEC IDENTIFICATION NUMBER ▶ C 00384586

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 JOHN H. GRAB

Signature of Treasurer *John H. Grab*

Date 03 18 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. §487g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1
(Revised 1/02)

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 RONALD HASTETLER

Candidate Party Affiliation: GOP 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:

- Cooperation
- Cooperation w/o 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 JOHN H GRAB

Mailing Address 21 TICE AVENUE

HERSHEY PA 17033-1161

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number (717) 533-1307

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 JOHN H GRAB

Mailing Address 21 TICE AVENUE

HERSHEY PA 17033-2151

Title or Position CITY STATE ZIP CODE

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.

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Mailing Address

.....

.....

.....

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

.....

Mailing Address

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.....

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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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