

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 24 1 09 PM '99

1. (a) NAME OF COMMITTEE IN FULL Azinger for Congress	<input type="checkbox"/> (Check if name is changed)	2. DATE 8/20/99
(b) Number and Street Address	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number to be assigned
(c) City, State and ZIP Code Marietta, OH 45750		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
Michael T. Azinger | Candidate Party Affiliation
Republican | Office Sought
U.S. House | State/District
OH-6 |
|--|--|------------------------------------|-------------------------------|
- (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 reports.

Full Name	Mailing Address	Title or Position
Michael Thomas Azinger	535 Sixth St. Marietta, OH 45750	Treasurer

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	Mailing Address	Title or Position
Michael Thomas Azinger	535 Sixth St. Marietta, OH 45750	Treasurer

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.	Mailing Address and ZIP Code
People's Banking & Trust Co.	P.O. Box 738 Marietta, OH 45750

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 Michael Thomas Azinger	SIGNATURE OF TREASURER <i>Michael Azinger</i>	DATE 8/20/99
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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. §487g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9630
Local 202-218-3420

FE6AN121

FEC FORM 1
(revised 4/87)

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.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED
8-20-99

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Other (Specify): Postmarked
and/or Date of Receipt

Electronic Filing

AS
PREPARER

8-24-99
DATE PREPARED