

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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OPERATIONS CENTER

2004 APR 12 P 12:03

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

Member for Congress 2004

ADDRESS (number and street)

PO BOX 9708

(Check if address is changed)

CHESAPEAKE

VA

23321

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@memberforcongress2004.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MEMBERFORCONGRESS2004.COM

COMMITTEE'S FAX NUMBER

2. DATE 04 01 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 Pete R. Stanga III

Signature of Treasurer *Pete Stanga III*

Date 04 01 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.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-426-9630
Local 202-384-1100

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 Jonathan R. Manefield

Candidate Party Affiliation DEM Office Sought House Senate President

State VA District 04

- (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.

B. Name of Any Connected Organization or Affiliated Committee

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 Contributor Name

MENEFEE FOR CONGRESS 2004

7. Contributor of Record: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Karla A. Grigoriadis

Mailing Address 11021 JORDSON AVENUE

EVANSTON

IL 60202

Title or Position CITY STATE ZIP CODE

KNIFE OF STAFF

Telephone number 708-658-1068

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 Pete P. Stango, III

Mailing Address 2745 GUM ROAD

KINGSBARK VA 23321

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 703-582-1296

Full Name of Designated Agent Karla A. Grigoriadis

Mailing Address 11021 JORDSON AVE

EVANSTON IL 60202

Title or Position CITY STATE ZIP CODE

KNIFE OF STAFF

Telephone number 708-658-1068

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.

Names of Bank, Depository, etc.

BANK OF THE COMMONWEALTH

Mailing Address

PO BOX 1177

NORFOLK MA 01901

CITY ▲

STATE ▲

ZIP CODE ▲

Names of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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 FOR INCOMING DOCUMENTS**

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