

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 FEB 21 A 9:30

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MAATTA FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street)

PO BOX 80818

(Check if address is changed)

CHARLESTON

SC

29416-0818

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MAATTAFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

843-402-0196

2. DATE

02 10 2006

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N)

N

OR

AMENDED (A)

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

DEBRA C. MAATTA

Signature of Treasurer

Debra C. Maatta

Date

02 10 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)

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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 RANDY MAATTA

Candidate Party Affiliation DEM Office Sought: House Senate President State SC District 01

- (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

NONE

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

MAATTA FOR CONGRESS CAMPAIGN COMMITTEE

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 TREASURER

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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 DEBRA C MAATTA

Mailing Address PO BOX 80818

CHARLESTON SC 29416-0818

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent KEITH F WEST

Mailing Address 520 FOLLY ROAD

PMB 297

CHARLESTON SC 29412-2977

Title or Position CITY STATE ZIP CODE

CAMPAIGN DIRECTOR Telephone number

2603900884

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.

BANK OF AMERICA

Mailing Address

HWY 7 BRANCH

CHARLESTON

SC

29407

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039000885

