

**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 12FE4M5

GEORGE MORETZ FOR CONGRESS COMMITTEE

ADDRESS (Number and street)

1410 4TH ST DRIVE NW

(Check if address is changed)

VIEWMONT PLAZA SUITE 102

HICKORY

NC

28601

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

george@moretzforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.moretzforcongress.com

COMMITTEE'S FAX NUMBER

8284852801

2. DATE M M / D D / Y Y Y Y
04 / 05 / 2004

3. FEC IDENTIFICATION NUMBER C C00392191

4. IS THIS STATEMENT X 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 ROGER BOWMAN

Signature of Treasurer Electronically Filed by ROGER BOWMAN Date M M / D D / Y Y Y Y
04 / 05 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

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 GEORGE A MORETZ

Candidate	Office					State	NC
Party Affiliation	Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President		District	10

- (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 A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

GEORGE MORETZ FOR CONGRESS 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 ANNE SPIVEY

Mailing Address 904 4TH STREET DRIVE NW

HICKORY NC 28601 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Admin Assistant Telephone number 828 - 485 - 2800

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 ROGER BOWMAN

Mailing Address 1304 5TH STREET CIRCLE NW

HICKORY NC 28601 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CPA - Treasurer Telephone number 828 - 326 - 9891

Full Name of Designated Agent ANNE SPIVEY

Mailing Address 904 4TH STREET DRIVE NW

HICKORY NC 28601 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number 828 - 485 - 2800

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.

WACHOVIA

Mailing Address

200 1ST AVE NW

HICKORY

NC

28601 -

CITY Δ

STATE Δ

ZIP CODE Δ