

# 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

**Foltin For Congress**

ADDRESS (number and street)

**P. O. Box 847**

(Check if address is changed)

**Lorain**

**OH**

**44052**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**13thdisrict@foltinforcongress.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**www.foltinforcongress.com**

COMMITTEE'S FAX NUMBER

\_\_\_\_

2. DATE

**04 / 03 / 2006**

3. FEC IDENTIFICATION NUMBER

**C C00419812**

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

**Mr. Peter J Bastulli**

Signature of Treasurer

Electronically Filed by **Mr. Peter J Bastulli**

Date

**04 / 03 / 2006**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 \_\_\_\_\_

Candidate Party Affiliation: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 State:  OH  
 District:  13

- (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: **228 S WASHINGTON ST STE 115**  
 \_\_\_\_\_  
**ALEXANDRIA** **VA** **22314**  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: **Jnt Fundraising Rep**  
\_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**Foltin For Congress**

- 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 **Mr. Joseph C Arendt**

Mailing Address **P.O. Box 847**

**Lorain** **OH** **44052**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **440 242 2713**

- 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 **Mr. Peter J Bastulli**

Mailing Address **P.O. Box 847**

**Lorain** **OH** **44052**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **440 242 2713**

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.

BB&T

Mailing Address

1909 K St., NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

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

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number  -  -

