

**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

Greenwood for Congress, Inc.

ADDRESS (Home or street) 50 East Court Street PO Box 1775

(Check if address is changed) Doylestown PA 18901

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

jj4pa8@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.greenwoodforcongress.com

2. DATE M / D / Y Y / Y

3. FEC IDENTIFICATION NUMBER C00255703

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 JGRB11

Signature of Treasurer Electronically Filed by JGRB11 Date 01 / 10 / 2003

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

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 James C. Greenwood

Candidate	Office					State	PA
Party Affiliation	Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President		District	08

- (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 ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

Greenwood for Congress, Inc.

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

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

Robert O. Baldi, Esq.

Mailing Address

123 West Bridge Street

New Hope

PA

18938

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Treasurer

Telephone number

Full Name of

Designated

Agent

Erik O. Glare

Mailing Address

50 East Court Street

Doylestown

PA

18901

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

215

230

7556

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 _____

_____ - _____

CITY Δ STATE Δ ZIP CODE Δ
