

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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2005 OCT 24 A 9:20

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines. **12FE4M5**

**PETER HANKWITZ FOR CONGRESS**

ADDRESS (number and street) **9420 Reseda Blvd., #416**

(Check if address is changed)

**Northridge** **CA** **91324** - **297A**

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**Treasurer@HankwitzForCongress.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**HankwitzForCongress.com**

COMMITTEE'S FAX NUMBER

**818** - **337** - **7444**

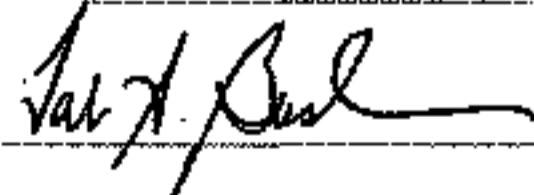
2. DATE **10** / **14** / **2005**

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 **TAB BUSH**

Signature of Treasurer  Date **10** / **14** / **2005**

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 PETER HANKWITZ

Candidate Party Affiliation  REP  DEM  IND  OTHER

Office Sought:  House  Senate  President

State CA District 27

- (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

25099913051

Write or Type Committee Name

PETER HANKWITZ 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 TAB BUSH

Mailing Address 9420 Reseda Blvd., #416  
Northridge CA 91324 - 2974

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER 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 TAB BUSH

Mailing Address 9420 Reseda Blvd., #416  
Northridge CA 91324 - 2974

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number \_\_\_\_\_

Full Name of Designated Agent CINDY DRAKE

Mailing Address 9420 Reseda Blvd., #416  
Northridge CA 91324 - 2974

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number \_\_\_\_\_

2009013052

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.

UNION BANK OF CALIFORNIA

Mailing Address

9110 Tampa Avenue

Northridge

CA

91324

2727

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

N/A

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

2503891583

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	10/24/05
PREPARER	DATE PREPARED

11/13/05 10:54 AM