## 

FEC FORM

## STATEMENT OF ORGANIZATION

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FORM 1 ORGANIZATIO		TON	1 LOTTANIE	CENTER	
- Chivi i				2022 FEB 28 <sub>c</sub>	8, AM. Button
1. NAME OF COMMITTEE (in			Example:If typing, type over the lines.	12FE4M5	
RAY J. W	ritz for	U.S. SENAT	<sup>1</sup> €		
ADDRESS (number ar	nd street)	EJEFF	REY PINE LN		
☐ ◀ (Check if a is changed	ddress Co E U		ENE	T d 8	3815- ZIP CODE A
COMMITTEE'S E-MA	IL ADDRESS			C= 80	
(Check if a	ddress WRI+2	2 RAY J. 72	2 K ( Gmmil		
_		cond E-Mail Addres	s		
•					
COMMITTEE'S WEB  (Check if a is changed	PAGE ADDRESS (URL No ddress	WEB PAS	f Address A	t THIN TO	me
•		1 1 1 1 1 1		<u> </u>	
2. DATE 02 1 2022					
3. FEC IDENTIFIC	ATION NUMBER ▶	C 00	629048		
4. IS THIS STATEM	IENT MEW (N	) OR	AMENDED (A)		,
I certify that I have e	xamined this Statement	and to the best of r	ny knowledge and belief it	is true, correct and	d complete.
Type or Print Name of	of Treasurer	ymond J	. WRITZ		
Signature of Treasure	Leypu	on I wind	<del></del>	Date 0 2	′ [/8 ′ <u>20</u> 22
NOTE: Submission of f		•	subject the person signing s		penalties of 52 U.S.C. §30109.
Office Use			For further information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009) Page 2			
		COMMITTEE			
Cai		e Committee:			
(a)	X	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			
Nam	ne of	information below.) RAYMOND J. WRITZ			
	didate				
Can	Office State I				
Part	y Affiliati	on CON Sought: House Senate President District			
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	ne of	This committee supports opposed only one surfaced, and to No. an authorized committee.			
	didate				
Par	rty Con	nmittee:			
(d)		(National, State (Democratic, This committee is a resulting or subordinate) committee of the Republican, etc.) Pai			
	itical A	ction Committee (PAC):			
(e)	<u>l</u>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is			
		Corporation			
		Membership Organization Trade Association Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p			
	<b>—</b>	committee. (i.e., nonconnected committee)			
	In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	nt Fund	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political			
13/	Ш	committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	_				
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.				
	3.	/ rec io number			
	4				

_	FEC Form 1 (Revised C	2/2009)		Page 3
V	Vrite or Type Committee Name	Writz for U.S.	SENATE	
6.	Name of Any Connected C	ganization, Affiliated Committee, Joint Fund	draising Representative, or Leadersh	ip PAC Sponsor
L	<u>                                      </u>		<u> </u>	
L				
	Mailing Address			
•				
		CITY	STATE Z	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Join	nt Fundraising Representative Lead	dership PAC Sponsor
7.	books and records.	fy by name, address (phone number option	nal) and position of the person in poss	ession of committee
	PA y A	and I Writz		
	Full Name Mailing Address	#175 E JEFFREY	PINS LN	
			<u> </u>	
		COEUR D'ALENE	F. d 838	15-
	Title or Position	CITY	STATE	IP CODE
	TREASURER	те	elephone number	18-4059
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the tre sistant treasurer).	easurer of the committee; and the nam	e and address of
	Full Name of Treasurer	and T Writz	, NE LN	
	Mailing Address			<del>.   .   .   .   .   .   .   .   .   .  </del>
		COEUR D'ALENE		75-L
_	Title or Position TREASMRER	CITY Te		18 4059

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Full Name of Designated Agent					
Mailing Address			/		
•		<del></del>			
,	CITY	STATE	ZIP CODE		
Title or Position		•			
		Telephone number			
	· · · · · · · · · · · · · · · · · · ·				
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.					
44 -					
4.5.	BANK				
Mailing Address	1603 N. Fourth				
	1				
	COEUR D'ALENE	I,	83817		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository, o	etc.		,		
•					
	<u> </u>		<u> </u>		
Mailing Address	البسسسسسية				
	CITY	STATE	ZIP CODE		
			)		



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(3/2015)