

2009 NOV 13 AM 8:23

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Friends Of Jim Trautz

ADDRESS (number and street)

PO BOX 651264

(Check if address is changed)

Sterling

VA

20165

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

mohm@jimtrautz.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jimtrautz.com

(Check if address is changed)

2. DATE

11 / 03 / 2009

3. FEC IDENTIFICATION NUMBER

C C00467977


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

Michael H. Ohm

Signature of Treasurer



Date

11 / 03 / 2009

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)

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## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 TRAUTZ, JR.

Candidate Party Affiliation

REP

Office Sought:

☒

House

☐

Senate

☐

President

State

V A

District

1 0

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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.

**Committees Participating in Joint Fundraiser**

- |    |  |               |   |
|----|--|---------------|---|
| 1. |  | FEC ID number | C |
| 2. |  | FEC ID number | C |
| 3. |  | FEC ID number | C |
| 4. |  | FEC ID number | C |

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**Write or Type Committee Name**

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_

\_\_\_\_\_

**Mailing Address**[illegible]

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

MICHAEL HOWARD OHM

**Mailing Address**

337 HERMITAGE BLVD.

BERRYVILLE VA 22611 -

**BERRYVILLE**

VA

22611

**Title or Position**

CITY

STATE

ZIP CODE

**TREASURER**

**Telephone number**

703

727

4550

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**

MICHAEL HOWARD OHM

**Mailing Address**

337 HERMITAGE BLVD

BERRYVILLE VA 22611

BERRYVILLE

VA

22611

**Title or Position**

CITY

STATE

**ZIP CODE****Telephone number**

1 1 1 - 1 1 1 - 1 1 1

Full Name of  
Designated  
Agent

CYNTHIA ROBERTA REED

Mailing Address

20565 WARBURTON BAY SQUARE

STERLING

CITY

VA

STATE

20165

ZIP CODE

Title or Position

ASSISTANT TREASURER

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.

BRANCH BANKING AND TRUST COMPANY

Mailing Address

23 N. CHURCH ST.

BERRYVILLE

CITY

VA

STATE

22611

1107

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030190991

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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☐ Other (Specify): Date of Receipt or Postmarked

*PAU*  
PREPARER  
(3/2005)

*11/13/09*  
DATE PREPARED

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