13031071468

FEC FORM 1

STATEMENT OF ORGANIZATION

RECENT

FORM 1 ORGANIZATION		ALION	INE	Carlotte Control	
				2313 HAY	2 Office the Only () 9
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12PF4M	AIL CENTER
Alden Smith for	Congre) S S		<u> </u>	
ADDRESS (number and street)		499 Broadway			
(Check if add	diess	Suite 303	<u> </u>	1	
is changed)		Bangor		ME	04401
			СПУ	STATE	ZIP CODE
COMMITTEE'S E-MAI	L ADDRES	SS (Please provide only one e	e-mail address)		
(Check if a	ıddress	aldensmithforcong	ress@aol.com 📋 👢		
is changed			111111111		
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)			
(Check if a		www.aldensmithfo	rcongress.com		
is changed					
2. DATE 05	15	2013	· ·		
3. FEC IDENTIFIC	ation nu	DIMBER C			
4. IS THIS STATEM	ENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have ex	kamined th	is Statement and to the bes	t of my knowledge and belief i	t is true, corre	ct and complete.
Type or Print Name of	f Tre <u>asu</u> rei	Alden Smith			
Signature of Treasure		aul W. 50	*	Date 05	15 2013
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			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC Form 1 (Revised 02/2009)	Page 2						
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 information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate Alden Smith;	لتبييا						
Party Affiliation DEM Sought: House Senate President	State ME District 02						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate	11111						
Party Committee:							
	nocratic, ublican, etc.) Party.						
Political Action Committee (PAC):							
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:						
Corporation Corporation Wo Capital Stock Lal	or Organization						
	operative						
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 committees/organizations, at least one of which is an authorized committee of a federal gandidate.	more political						
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political						
Commission Game and which is an authorized committee of a legeral candidate.							
Committees Participating in Joint Fundraiser							
1. FEC ID number C	*.						
2. FEC ID number C							
3.							
4.							

FEC Form	1 (Revised 02/2009)	Page 3
Write or Type Con		
Alden Smith	for Congress	
6. Name of Any	Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	Jership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of F books and reco	Records: Identify by name, address (phone number optional) and position of the person in ords.	possession of committee
Full Name	Alden Smith	
Mailing Address	499,Broadway	<u></u>
	6 pite 303	
	Bangor ME 04	lO1,
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	
	the name and address (phone number - optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	name and address of
Full Name of Treasurer	Alden Smith,	
Mailing Address	499 Broadway	
	Suite 303	
•	Bangor ME 044	IO1 - L
Title or Position Candidate		

CITY

ZIP CODE

STATE

<u>2</u>

3107

(C)

Name of Bank, Depository, etc.

Mailing Address

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.					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation [™] or Signa	ture Confirmation™ Label				
USPS Express Mail	Postmarked <i>5</i> / 17 / 1/3				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Ne	ext Business Day Delivery				
Received from House Records & Registration C	Date of Receipt Office				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
Linx	5/20/17				
PREPARER	DATE PREPARED				

(3/2005)