STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
AUG 12 11 51 AM '98

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) COMMITTEE TO ELECT CHARLES W. SANDERS TO U. S. HOUSE OF REPRESENTATIVES, OHIO SECOND DISTRICT	2. DATE AUGUST 7, 1998
(b) Number and Street Address ☐ (Check if address is changed) P. O. BOX 637, 576 ROBINDALE DRIVE	3. FEC Identification Number
(c) City, State and ZIP Code WAYNESVILLE, OHIO 45068	4. Is This Report An Amendment? ☐ YES ☒ NO

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	Candidate Party Affiliation	Office Sought	State/District
CHARLES W. SANDERS	DEMOCRAT	US HOUSE	OHIO/2ND

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

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

☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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
A. CAROLYN SANDERS	P. O. BOX 637 WAYNESVILLE, OH 45068	TREASURER

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	Mailing Address	Title or Position
A. CAROLYN SANDERS PHONE 513-897-9656	P. O. BOX 637 WAYNESVILLE, OH 45068	TREASURER

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 and ZIP Code
LEBANON CITIZENS NATIONAL BANK	P. O. BOX 59 LEBANON, OHIO 45036

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	SIGNATURE OF TREASURER	DATE
A. CAROLYN SANDERS	A. Carolyn Sanders	8/7/98

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEGAN053

FEC FORM 1
(revised 4/87)