

FEC FORM 1

STATEMENT OF ORGANIZATION

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2007 APR 25 AM 10:07

Office Use Only

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

ADDRESS (number and street) PO Box 17613  
X (Check if address is changed)  
Portland ME 04112  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
pingreeforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.pingreeforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE 04 13 2007

3. FEC IDENTIFICATION NUMBER C 00366393

4. IS THIS STATEMENT NEW (N) OR A 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 Anne Rand

Signature of Treasurer [Handwritten Signature] Date 04 2007

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)

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.

Camden National Bank

Mailing Address

300 Main Street

PO Box 880

Rockland ME 04841

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27030432002

Write or Type Committee Name

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

Mailing Address

-

-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number  -  -

Full Name of Designated Agent

Mailing Address

-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number  -  -

27039432003

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 Chellie Pingree

Candidate Party Affiliation Dem Office Sought:  House  Senate  President State ME District 01

- (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

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**Federal Election Commission**  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JW*  
 PREPARER  
 (3/2005)

*4/25/07*  
 DATE PREPARED

27039432005