

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Steiner For Congress

ADDRESS (number and street)

P.O. Box 2008



(Check if address
is changed)

Concord

NH

03302

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jim@joinjim2008.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.joinjim2008.com

COMMITTEE'S FAX NUMBER

2. DATE

10 / 16 / 2007

3. FEC IDENTIFICATION NUMBER ►

C

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

Normand Beauchesne

Signature of Treasurer

Date

10 / 16 / 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)

27039552045

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 Jim Steiner

Candidate Party Affiliation REP DEM IND OTH

Office Sought: House Senate President

State NH VT ME CT RI MA NY NJ PA OH WV KY TN MS AL GA SC NC VA MD DE DC

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

- (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

None

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

27039552046

Write or Type Committee Name

Steiner For Congress

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 Normand Beauchesne

Mailing Address 31 Oakmont Dr.

Concord NH 03301

Title or Position CITY STATE ZIP CODE

Treasurer 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 Normand Beauchesne

Mailing Address 31 Oakmont Dr.

Concord NH 03301

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent Andrew Richardson

Mailing Address 100 Main St., Ste. 207

Pembroke NH 03275

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number

27039552047

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.

Laconia Savings Bank

Mailing Address

11 Triangle Park Dr.

Concord NH 03301-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039552048

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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 Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

Jmro
 PREPARER

10/22/07
 DATE PREPARED

27039552049