

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED, SECRETARY OF THE SENATE 06 MAR 15 PM 3:27

Office Use Only

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

12FE4M5

ALLAN LICHTMAN FOR UNITED STATES SENATE

ADDRESS (number and street) 821 S. WISCONSIN AVE SUITE A-10

[X] (Check if address is changed)

BETHESDA MD 20814

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@ALLANLICHTMAN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.ALLANLICHTMAN.COM

COMMITTEE'S FAX NUMBER

301-530-8262

2. DATE 03 10 2006

3. FEC IDENTIFICATION NUMBER 00415240

4. IS THIS STATEMENT [] NEW (N) OR [X] 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.

* Carl

Type or Print Name of Treasurer CAROL BREITMAN

Signature of Treasurer x Carol Breitman x Date 03 13 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns for Office Use Only

For further information contact Federal Election Commission Toll Free 800-424-9550 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

20020151055

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 WILLIAM J. LIGHTMAN

Candidate Party Affiliation D.E.M. Office Sought: House Senate President State MD District 1

- (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

26020151059

Write or Type Committee Name

ALLAN LIGHTMAN FOR UNITED STATES SENATE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

X
Carol

Full Name CAROL BREITMAN

Mailing Address P.O. BOX 341454

BETHESDA MD 20827

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 240-252-15085

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).

X
Carol

Full Name of Treasurer CAROL BREITMAN

Mailing Address P.O. BOX 341454

Bethesda Md 20827

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 240-252-15085

Full Name of Designated Agent CAROL BREITMAN

Mailing Address P.O. BOX 341454

Bethesda MD 20827

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 240-252-15085

20020151001

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.

** Carol*
Citi Chase Bank

Mailing Address

~~P.O. Box Laurel Md~~

P.O. Box 1296

Laurel MD 20707-1296

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

** Carol*
[Empty line]

Mailing Address

[Empty line]

[Empty line]

[Empty line]

CITY ▲

STATE ▲

ZIP CODE ▲

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 03-15-06
Date of Receipt

USPS FIRST CLASS MAIL _____
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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

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PREPARER RD DATE PREPARED 03-15-06

20020151063

26020151054

