

FEDERAL ELECTION COMMISSIONS CENTER

200 MAY 11 A 9 10

Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12PS4M5

Lab for Congress

ADDRESS (number and street) PO Box 15540

(Check if address is changed) Rochester NY 14615

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS mikelabforcongressis.com

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

COMMITTEE'S FAX NUMBER

2. DATE 04 22 2004

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 Dimitrios Manolis, CPA

Signature of Treasurer [Signature] Date 04 30 2004

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.

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 Michael D. Loba

Candidate Party Affiliation REP Office Sought:  House  Senate  President State NY District 28

- (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:

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

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 Dimitrios Manou

Mailing Address 129 Hampington Drive  
Rochester NY 14624

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 585-503-4387

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 Dimitrios Manou

Mailing Address 129 Hampington Drive  
Rochester NY 14624

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 585-503-4387

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Charter One Bank

Mailing Address

P.O. Box 89428

Cleveland OH 44101-69428

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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| <i>See</i>  | 5-11-04                       |
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