

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL
OPERATIONS CENTER

2004 FEB 17 A 11:48
Only the Day

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

1288465

MITAKIDES FOR CONGRESS

ADDRESS (number and street)

5323 SPLIT RAIL ROAD

(Check if address is changed)

DAYTON

OH

45429-1964

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MITAKIDESFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

937-293-9955

2. DATE 01/14/2004

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR

X

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

James C. Stanton

Signature of Treasurer

Date

01/14/2004

NOTE: Submission of false, inaccurate, 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 800-426-8030
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

6. 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 LORENA JANG MITAKIDES

Candidate Party Affiliation DEM Office Sought House Senate President State OH District 03

- (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.

7. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with 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 KATHY BOWMAN

Mailing Address 1544 N. SYDNEY ROAD

DAYTON OH 45427

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 937-264-2190

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 JAMES C. STATION

Mailing Address 5613 BEADY PIKE

DAYTON OH 45421

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 937-237-9486

Full Name of Designated Agent KATHY BOWMAN

Mailing Address 1544 N. SYDNEY RD

DAYTON OH 45427

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 937-264-1763

3. 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

CITIZENS NATIONAL BANK

Mailing Address

29 W. WILKINSON ROAD

DARTON OH 45459

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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<input type="checkbox"/> No Postmark	
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<i>ja</i> PREPARER	2/17/04 DATE PREPARED