

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2001 AUG -1 P 1:20
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FR4M5

RENE DICHTER FOR CONGRESS

ADDRESS (number and street)

22 GRAND STREET

(Check if address
is changed)

NEWINGTON

CT

06357

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

08 03 2001

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

X

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

SHARON WADECKI

Signature of Treasurer

Sharon Wadecki

Date

08 03 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 1/01)

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 JEFFREY R. BENEDICT

Candidate Party Affiliation DEM Office Sought: House Senate President State CT District 02

- (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

Write or Type Committee Name

BENEDICT 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 | SHARON WADECKI

Mailing Address | 44 FANNING RD.

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LEDYARD | CT | 06339-1110

Title or Position | CITY | STATE | ZIP CODE

TREASURER | Telephone number | 860-464-1337

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 | SHARON WADECKI

Mailing Address | 22 GRAND ST.

|

NANTIC | CT | 06357

Title or Position | CITY | STATE | ZIP CODE

TREASURER | Telephone number | 860-464-1337

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.

PEOPLES BANK

Mailing Address

ROUTE 12

GALES FERRY CT 06335-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

