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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Alexakis for Congress

ADDRESS (number and street)

1118 Spy Glass Dr.



(Check if address  
is changed)

Armidale

MD

21012

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kostas@alexakisforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.alexakisforcongress.com

COMMITTEE'S FAX NUMBER

410-757-7065

2. DATE

08 / 28 / 2006

3. FEC IDENTIFICATION NUMBER ►

C00395376

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

Thomas T. Koch

Signature of Treasurer

Date

08 / 30 / 2006

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.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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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 Kostas Alexakis

Candidate Party Affiliation  Dem Office Sought:  House  Senate  President State  M.D District  01

- (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 N/A - 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

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Write or Type Committee Name

Alexakis 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 Laura F. Faibish

Mailing Address 1118 Spy Glass Drive  
Arnold MD 21012

Title or Position CITY STATE ZIP CODE

Assistant 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 Thomas T. Koch

Mailing Address Alexakis for Congress  
305 W. Monument St., No. 102  
Baltimore MD 21201

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent Laura F. Faibish

Mailing Address 1118 Spy Glass Drive  
Arnold MD 21012

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number

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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.

BB&T

Mailing Address

2 Arnold Road

Arnold MD 21012-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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 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	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed-Exp.</i>	Shipping Date <i>8-31-06</i>
Next Business Day Delivery <input type="checkbox"/>	
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JM H</i> PREPARER	<i>8-31-06</i> DATE PREPARED