

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DEAN, SCONTRAS. FOR CONGRESS, COMMITTEE

ADDRESS (number and street) (Check if address is changed)

PO BOX 5418

PORTLAND ME 04112

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

mwpajak@yahoo.com

mineatteamdeanos.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.teamdeanos.com

COMMITTEE'S FAX NUMBER

207-634-8087

2. DATE 03 27 2008

3. FEC IDENTIFICATION NUMBER C

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.

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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 \_\_\_\_\_

Candidate Party Affiliation R Office Sought:  House  Senate  President State ME District 01

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate DEAN P. SCONTRAS

- (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

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Write or Type Committee Name

DEAN SCOTRAS 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 JANE E FAULKNER

Mailing Address 11 Vaughn Island

Kennebunkport ME 04046-1

Title or Position CITY STATE ZIP CODE

Deputy Treasurer Telephone number 207-432-2872

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 Gordon A. Davis

Mailing Address 14 Church Street

Bridgton ME 04009-1

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 207-450-5669

Full Name of Designated Agent Jane E Faulkner

Mailing Address 11 Vaughn Island

Kennebunkport

ME 04046-1

Title or Position CITY STATE ZIP CODE

Deputy Treasurer Telephone number 207-432-2872

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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.

Kennebunk Savings Bank

Mailing Address

2 Hannaford Drive

NORRIS ME 1039091-

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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