

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 MAR 15 A 8:06  
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

DANDERSON FOR CONGRESS

ADDRESS (number and street)

300 CHURCH STREET



(Check if address is changed)

BERLIN

NH

03570-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kdanderson@me.nh.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

603-752-3236

2. DATE

03

03

2006

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

MARTHA S. DANDERSON

Signature of Treasurer

*Martha S. Danderson*

Date

03

03

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.

Office Use Only

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

FEC FORM 1  
(Revised 02/2003)

26039013300

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 ROBERT A. DANDERSON

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

N.H.

District

0.2

- (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

26039013301

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 MARTHA S. DANDEYSON

Mailing Address 300 CHURCH STREET

BERLIN NH 03570

Title or Position  CITY  STATE  ZIP CODE

TREASURER Telephone number 603-752-3236

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 MARTHA S. DANDEYSON

Mailing Address 300 CHURCH STREET

BERLIN NH 03570

Title or Position  CITY  STATE  ZIP CODE

Telephone number --

Full Name of Designated Agent

Mailing Address

Title or Position  CITY  STATE  ZIP CODE

Telephone number --

26039013302

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.

NORTHWAY BANK

Mailing Address

9 MAIN STREET

PO BOX 9

BERLIN NH 03570

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039013303

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	
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*fel*  
 PREPARER  
 (3/2005)

*3/15/06*  
 DATE PREPARED

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