

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Aug 30 1 30 PM '99

1. (a) NAME OF COMMITTEE IN FULL <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Jane Amero for Congress</div>	(Check if name is changed) <input type="checkbox"/> 2. DATE <div style="text-align: center; font-size: 1.2em;">8/25/1999</div>
(b) Number and Street Address PO Box 2427	(Check if address is changed) <input type="checkbox"/> 3. FEC Identification Number
(c) City, State and ZIP Code South Portland, ME 04106	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
Jane A. Amero | Candidate Party Affiliation
Republican | Office Sought
U.S. House | State/District
ME-01 |
|---|--|------------------------------------|--------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 Richard Mara	Mailing Address PO Box 507 Hallowell, ME 04347	Title or Position
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designee agent (e.g., assistant treasurer).

Full Name RAYMOND H. SHEVENELL	Mailing Address 189 FLOWER ROAD CAPE ELIZABETH, ME 04107	Title or Position TREASURER
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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. Key Bank	Mailing Address and ZIP Code CAPITOL STREET AUGUSTA, ME 04330
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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 RAY SHEVENELL	SIGNATURE OF TREASURER <i>Ray Shevenell</i>	DATE 8/25/99
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-619-3420

F6AN033

FEC FORM
(revised 4/97)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Electronic Filing	
 <i>del</i>	 8-30-99
PREPARER	DATE PREPARED