

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEC  
MAY 28 11 27 AM '96

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.2em; font-family: cursive;">Donald Sauter for President</div>	2. DATE <div style="font-size: 1.2em; font-family: cursive;">30 Apr 96</div>
(b) Number and Street Address <input type="checkbox"/> (Check if address is unchanged) <div style="font-size: 1.2em; font-family: cursive;">9316 Wyatt Dr</div>	3. FEC Identification Number (to be assigned)
(c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">Lanham MD 20706</div>	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<br><div style="font-size: 1.2em; font-family: cursive;">Donald Sauter</div> | Candidate Party Affiliation<br><div style="font-size: 1.2em; font-family: cursive;">Independent</div> | Office Sought<br><div style="font-size: 1.2em; font-family: cursive;">President</div> | State/District<br><div style="font-size: 1.2em; font-family: cursive;">Maryland/NA</div> |
|---|---|---|--|
- (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 w/o 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 <div style="font-size: 1.2em; font-family: cursive;">Donald Sauter</div>	Mailing Address <div style="font-size: 1.2em; font-family: cursive;">9316 Wyatt Dr; Lanham MD 20706</div>	Title or Position <div style="font-size: 1.2em; font-family: cursive;">Treasurer</div>
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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 designated agent (e.g., assistant treasurer).

Full Name <div style="font-size: 1.2em; font-family: cursive;">Donald Sauter</div>	Mailing Address <div style="font-size: 1.2em; font-family: cursive;">9316 Wyatt Dr; Lanham MD 20706</div>	Title or Position <div style="font-size: 1.2em; font-family: cursive;">Treasurer (301)577-5588</div>
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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. <div style="font-size: 1.2em; font-family: cursive;">Nations Bank</div>	Mailing Address and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">PO Box 487 Baltimore MD 21203-0987</div>
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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 <div style="font-size: 1.2em; font-family: cursive;">Donald Sauter</div>	SIGNATURE OF TREASURER <div style="font-size: 1.2em; font-family: cursive;">Donald Sauter</div>	DATE <div style="font-size: 1.2em; font-family: cursive;">30 Apr 96</div>
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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 202-219-3420

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FEC FORM 1

(revised 4/87)

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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The Commission has added this page to the end of this filing to indicate how it was received.

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and Registration

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Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

*JMN*  
PREPARER

5/28/96  
DATE PREPARED

9 9 0 3 0 4 4 0 3