

RECEIVED  
FEC MAIL CENTER  
FRANK ZILAITIS FOR CONGRESS, INC.

979 Croton Road  
Melbourne, FL 32935  
321.757.9300

2008 AUG -4 AM 10: 05

July 25, 2008

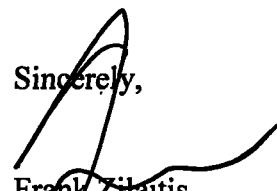
Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

Dear Sir/Madam,

Enclosed please find our duly executed Amended Statement of Organization (FEC 1) and Amended Statement of Candidacy (FEC 2).

If you have any questions, please do not hesitate to contact me or my Campaign Treasurer, Amber Lewis, at 321.757.9300.

Sincerely,

  
Frank Zilaitis  
Candidate for U.S. Representative  
ID: H8FL15099

CC: FLORIDA DEPT. OF STATE  
DIVISION OF ELECTIONS  
(PLEASE NOTE ADDRESS CHANGE)

1-800-368-6868

For more information, visit our website at www.fec.gov

U.S. Department of Justice

Office of the Inspector General

FEC  
FORM 1

Amendments TO  
STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2008 AUG -4 AM 10:05

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FRANK ZILAITIS FOR CONGRESS, INC

ADDRESS (number and street)

979 CROTON ROAD



(Check if address  
is changed)

MELBOURNE

FL

32935

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

amber@franklyfrank08.org

frank@franklyfrank08.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.franklyfrank08.org

COMMITTEE'S FAX NUMBER

321-757-0900

CHANGE

2. DATE

07/25/2008

EFFECTIVE 07/01/2008

3. FEC IDENTIFICATION NUMBER

C00448803

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

Amber L. Lewis

Signature of Treasurer

Amber L. Lewis

Date

07/25/2008

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 12/2007)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 FRANK ZILAITIS

Candidate Party Affiliation NNE Office Sought: ☒ House ☐ Senate ☐ President State FL District 15

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____
5.	_____	FEC ID number	<u>C</u> _____

**Write or Type Committee Name**

**6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

\_\_\_\_\_

\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP CODE

**Relationship:**

- ☐ Connected Organization    ☐ Affiliated Committee    ☐ Leadership PAC Sponsor    ☐ Joint Fundraising Representative

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

AMBER LYNN LEWIS

**Mailing Address**

979 CRETON ROAD

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

MELBOURNE

FL

32935

CITY

STATE

ZIP CODE

**Title or Position**

MANAGER/TREASURER

Telephone number 321-757-9300

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**

AMBER LYNN LEWIS

**Mailing Address**

979 CROTON ROAD

\_\_\_\_\_

MELBOURNE

FL

32935

CITY

STATE

ZIP CODE

**Title or Position**

Title of Position  
TREASURER/MANAGER

Telephone number 321-757-9300

Full Name of  
Designated  
Agent

JOSEPH COLOMBO

Mailing Address

2351 W EAU GALIE BLVD, STE 1

MELBOURNE

CITY

FL

STATE

32935-3114

ZIP CODE

Title or Position

REGISTERED AGENT

Telephone number

321-757-1000

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.

WACHOVIA BANK, NA

Mailing Address

1970 W. NEW HAVEN AVE.

MELBOURNE

CITY

FL

STATE

32901-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Chamber

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>7/28/08</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<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 p</i> PREPARER	<i>8/4/08</i> DATE PREPARED

(3/2005)

28039804441