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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

JANE MITAKIDES FOR CONGRESS

ADDRESS (number and street)

5323 SPLIT RAIL ROAD

(Check if address
is changed)

DAYTON

OH

45429-11964

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JANE@MITAKIDES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JANEOL.COM

COMMITTEE'S FAX NUMBER

937-293-9955

2. DATE

08 23 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

GARY Leppola
Gary Leppola

Signature of Treasurer

Date

08 23 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)

26039172546

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 MITAKIDES

Candidate Party Affiliation DEM Office Sought: House Senate President State OH District 03

- (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

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Write or Type Committee Name

JANE MITAKIDES 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 GARY LEPPLA

Mailing Address 2100 S. PATTERSON BLVD

DAYTON OH 45409-0612

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 937-294-5959

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 GARY LEPPLA

Mailing Address 2100 S. PATTERSON

DAYTON OH 45409-0612

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 937-294-5959

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26839172548

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.

CITIZENS NATIONAL BANK

Mailing Address

1291 WEST WHIPPO ROAD

DAYTON

OH

45459

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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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] *8/24/06*
PREPARER **DATE PREPARED**

26039172550