

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 AUG 10 AM 7:51
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5 MAIL CENTER

CITIZENS TO ELECT MARK SCHLAKMAN FOR US CONGRESS

ADDRESS (number and street)

PO BOX 1694

(Check if address is changed)

TALLAHASSEE

CITY ▲

FL 32302

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

thisundodogcanwin@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.thisundodogcanwin.com

2. DATE

08 / 03 / 2012

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

Mark Schlakman

Signature of Treasurer

[Handwritten Signature]

Date

08 / 03 / 2012

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 06/2012)

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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 MARK SCHLAKUWAN

Candidate Party Affiliation DEM Office Sought: House Senate President State FL District 00

- (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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - 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> _____

12030873562

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

MARK SCHLAKMAN

Mailing Address

PO BOX 1694

Tallahassee

FL

32302

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

850-766-2146

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

MARK SCHLAKMAN

Mailing Address

PO BOX 1694

Tallahassee

FL

32302

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

850-766-2146

12030873563

Full Name of Designated Agent

MARY SCHLAKMAN

Mailing Address

PO BOX 1694

Tallahassee

CITY

FL

STATE

32307

ZIP CODE

Title or Position

Candidate

Telephone number

850-766-2146

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.

18445 FIRST SAVINGS BANK

Mailing Address

1400 E PARK AV

Tallahassee

CITY

FL

STATE

32301

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030873504

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.

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8/4/12

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Other (Specify): Date of Receipt or Postmarked


PREPARER

8/10/12
DATE PREPARED

12030875565