

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>Mascara Campaign Committee</b>	2. DATE <b>2/4/97</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>831 Lincoln Avenue</b>	3. FEC IDENTIFICATION NUMBER <b>000264226</b>
(c) City, State and ZIP Code <b>Charleroi, PA 15022</b>	4. IS THIS STATEMENT 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 <b>Frank R. Mascara</b>	Candidate Party Affiliation <b>Democrat</b>	Office Sought <b>U.S. House</b>	State/District <b>PA/20th</b>
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(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.

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6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Mascara for Congress	831 Lincoln Avenue Charleroi, PA 15022	Affiliated

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	Mailing Address	Title or Position
Dolores Mascara	831 Lincoln Ave., Charleroi, PA 15022	Chairman

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	Mailing Address	Title or Position
Judith Ann Cap	18 Maple Drive, Charleroi, PA 15022	Treasurer

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.	Mailing Address and ZIP Code
Mellon Bank, N.A.	40 South Main Street, Washington, PA 15301

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 <b>JUDITH ANN CAP</b>	SIGNATURE OF TREASURER <i>Judith Ann Cap</i>	DATE <b>Feb. 4 1997</b>
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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. 5467g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission  
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*K.G.*  
PREPARER

2-7-97  
DATE PREPARED