

DUANE JACKSON FOR CONGRESS

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FEC MAIL CENTER

April 15, 2012

Federal Election Committee
999 E Street, NW
Washington, DC 20463

Dear Sir or Madame:

On behalf of Duane Jackson For Congress, I am sending you the enclosed Amended copies of FEC Form 1, FEC Form 2, and FEC Form 3 and a new quarterly filing form FEC Form 3 with all their required attachments as our District in New York has been changed from District 19 to District 18. The original forms were filed on March 9, 2012. They were amended on April 2, 2012 and are being amended on April 15, 2012 along with this letter.

Sincerely,



Antoinette R. Wahlman
Treasurer, Duane Jackson For Congress

12030782707

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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

DUANE JACKSON FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 142

(Check if address is changed)

16 LAKE DRIVE

BUCHANAN

NY

110511-0142

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

duane@duanejacksonforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

DUANEJACKSONFORCONGRESS.COM

2. DATE

04 / 15 / 2012

3. FEC IDENTIFICATION NUMBER

C00516286

4. IS THIS STATEMENT

(Check if NEW (N))

NEW (N)

OR

(Check if AMENDED (A))

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

Antoinette R. Wahlman

Signature of Treasurer

Antoinette R. Wahlman

Date

04 / 15 / 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 02/2009)

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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 DUANE M JACKSON

Candidate Party Affiliation DEM Office Sought: House Senate President State NY District 18

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

Name of Candidate DUANE M JACKSON

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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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Write or Type Committee Name

Duane Jackson For Congress

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

ANTOINETTE R WAHLMAN

Mailing Address

PO BOX 142

6 LAKE DRIVE

BUCHANAN

NY

110511-6142

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

914-610-6611

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

ANTOINETTE R WAHLMAN

Mailing Address

PO BOX 142

6 LAKE DRIVE

BUCHANAN

NY

110511-6611

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

914-610-6611

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Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

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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.

TRUSTCO BANK

Mailing Address

23 WICKER AVENUE

PEEKSKILL

NY

10564

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>4/16/12</i>
Next Business Day Delivery <input checked="" 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

[Signature]
 PREPARER
 (3/2005)

4/16/12
 DATE PREPARED