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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. 22P54MS

McDonald Hopkins Co., L.P.A. F.A.C.

ADDRESS (number and street)

600 Superior Avenue

(Check if address is changed)

Suite 2100

Cleveland, OH 44114

pac.mcdonaldhopkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

216-348-5474

2. DATE

3. FEC IDENTIFICATION NUMBER

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 Leonard M. Cosentino

Signature of Treasurer *Leonard M. Cosentino* Date 01/10/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

FEC Form 1 (Revised 02/2003)

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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

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

Committee \_\_\_\_\_

- (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

McDonald Hopkins, C.O. L.P.A. \_\_\_\_\_

Mailing Address 600 Superior Avenue \_\_\_\_\_  
 Suite 2100 \_\_\_\_\_  
 Cleveland, OH 44114 \_\_\_\_\_  
 CITY STATE ZIP CODE

Relationship Sponsor \_\_\_\_\_

- Type of Connected Organization:
- Corporation
  - Corporation w/o Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative

Write or Type Contributor Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and receipts.

Full Name William J. Lincoln  
 Mailing Address 600 Superior Avenue  
Suite 2100  
Cleveland OH 44114  
 Title or Position CITY ▲ STATE ▲ ZIP CODE ▲

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 Leopold M. Cosentino  
 Mailing Address 600 Superior Avenue  
Suite 2100  
Cleveland OH 44114  
 Title or Position CITY ▲ STATE ▲ ZIP CODE ▲

Shareholder Telephone number 216-348-5408

Full Name of Designated Agent Michael W. Wise  
 Mailing Address 600 Superior Avenue  
Suite 2100  
Cleveland OH 44114  
 Title or Position CITY ▲ STATE ▲ ZIP CODE ▲

Shareholder Telephone number 216-430-2034

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.

Bank One N.A.

Mailing Address

600 Superior Avenue

Cleveland OH 44114

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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