STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL [X] (Check if name is changed)

John Hancock Mutual Life Insurance Company Federal Political Action Committee

(b) Number and Street Address [ ] (Check if address is changed)

200 Clarendon Street

(c) City, State and ZIP Code

Boston, MA 02117

2. DATE

12/21/93

3. FEC IDENTIFICATION NUMBER

C00 137265

4. IS THIS STATEMENT AN AMENDMENT? [X] YES [ ] 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 | Candidate Party Affiliation | Office Sought | State/District

[ ] (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

[ ] (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

[X] (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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Berkeley Financial Group	101 Huntington Ave Boston, MA 02199	Subsidiary Company
Independent Investment Associates Inc.	53 State Street Boston, MA 02109	Subsidiary Company
John Hancock Property & Casualty Insurance	Three Copley Place, P.O. Box 854 Boston, MA 02117	Subsidiary Company

Type of Connected Organization

[ ] Corporation [X] 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
Barbara A. Burgess	200 Clarendon Street	Treasurer

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
Barbara A. Burgess	200 Clarendon Street	Treasurer
Jenny A. Erickson	200 Clarendon Street	Assistant 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
Fleet Bank	P.O. Box 2197 Boston, MA 02106

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: Barbara A. Burgess

SIGNATURE OF TREASURER: Barbara A. Burgess

DATE: 1/10/94

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.

For further information contact:
Federal Election Commission
Toll-Free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 1-12-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SEH — PREPARER

1-14-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 3 7 2 2 1 4 7