

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER  
2004 JUL 14 A 11:11  
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4MS

Jack Mc Lain for Congress

16874 131st Way N

ADDRESS (number and street)

(Check if address is changed)

Jupiter

FL

33478

6076

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

julfara@bellsouth.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CPFLORIDA.COM

COMMITTEE'S FAX NUMBER

561-741-7592

2. DATE

07 29 2004

3. FEC IDENTIFICATION NUMBER

0

4. IS THIS STATEMENT

X

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

Lois McLain

Signature of Treasurer

*Lois McLain*

Date

07/29/2004

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 16 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9630  
Local 202-694-1100

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 John (Jack) I. McLain

Candidate Party Affiliation  CON      Office Sought:  House       Senate       President      State  FL      District  22

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

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  STA (National, State or subordinate) committee of the  CON (Democratic, Republican, etc.) Party. **Constitution 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

None

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation       Corporation w/o Capital Stock       Labor Organization
- Membership Organization       Trade Association       Cooperative

Write or Type Committee Name

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 Lois McLain

Mailing Address 16874 131st Way N

Jupiter, FL 33478-6076

Title or Position Treasurer CITY Jupiter STATE FL ZIP CODE 33478-6076

Telephone number 561-741-7592

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 Lois McLain

Mailing Address 16874 131st Way N

Jupiter, FL 33478-6076

Title or Position Treasurer CITY Jupiter STATE FL ZIP CODE 33478-6076

Telephone number 561-741-7592

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

Fidelity Federal Bank & Trust

Mailing Address

10058 Indiantown Rd

Jupiter,

FL

33478

4788

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"/> Overnight Delivery Service (Specify):	Shipping Date
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<i>de</i> PREPARER	7-14-04 DATE PREPARED

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