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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (or Nil) (Check if name is changed) Example: If typing type over the lines. 12PR4145

COMMITTEE FOR ELECT. JOHN McCAFFREY

ADDRESS (number and street) 5206 FAIRBANKS BLVD

(Check if address is changed) HOUSTON TX 77069-1

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JOHN.McCAFFREY@ELECTFORUM.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ELECTFORUM.COM

COMMITTEE'S FAX NUMBER

281-443-1869

2. DATE 01 08 2004

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 JAYNA C. NICKOLL

Signature of Treasurer [Signature] Date 01 08 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 3437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 IN KIRK

Candidate Party Affiliation REP Office Sought House Senate President State TX District 02

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

Name of Candidate _____

- (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

Mailing Address _____

 _____ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Committee to Elect JOHN NICKELL

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 JAYNA CASALE MUSKIELE

Mailing Address 520 N. FARMINGTON ST.

WINDSOR, CT 06095

WINDSOR, CT 06095

Title or Position CITY STATE ZIP CODE

Telephone number 203-728-3068

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 JAYNA CASALE MUSKIELE

Mailing Address 520 N. FARMINGTON ST.

WINDSOR, CT 06095

WINDSOR, CT 06095

Title or Position CITY STATE ZIP CODE

Telephone number 203-728-3068

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. Bank or Other Depository: 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.

COMMERCE BANK

Mailing Address

1130 S. PINE CYPRESS BLVD

SUNSHINE FL 32508

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

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