

BURNETTE & LECLAIR, P.C.

ATTORNEYS AT LAW
2322 DEVINE STREET
COLUMBIA, SOUTH CAROLINA 29205

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 28 P 1:45

TELEPHONE (803) 251-0202
FACSIMILE (803) 251-0222

M. MALISSA BURNETTE*
THOMAS J. LECLAIR

* CERTIFIED SPECIALIST
IN EMPLOYMENT AND LABOR LAW

February 22, 2000

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

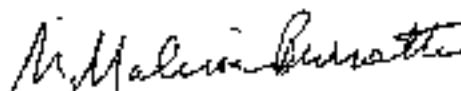
RE: Jane Frederick for Congress
Statement of Organization

Dear Sir or Madam:

I am enclosing for your records the Statement of Organization (FEC Form 1).

Please contact me if you need any additional information.

Sincerely,



M. Malissa Burnette
Treasurer

MMB

Enclosure: FEC Form 1
cc: Ms. Jane Frederick

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL JANE FREDERICK FOR CONGRESS	☐ (Check if name is changed)	2. DATE 2-15-2000
(b) Number and Street Address 38 MERIDIAN ROAD	☐ (Check if address is changed)	3. FEC Identification Number C00332619
(c) City, State and ZIP Code BEAUFORT, SC 29902	4. Is This Report An Amendment? ☒ 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
JANE FREDERICK | Candidate Party Affiliation
DEMOCRAT | Office Sought
US HOUSE | State/District
SC/02 |
|--|--|----------------------------------|--------------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- ☐ Corporation ☐ 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
JANE FREDERICK	P.O. BOX 505 BEAUFORT, SC 29901	CANDIDATE

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
M. MALISSA BURNETTE	2721 Wheat St. Columbia, SC 29205	TREASURER 803-251-0202

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
BANK OF AMERICA	P.O. BOX 1091 CHARLOTTE, NC 28254-3489

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 M. Malissa Burnette	SIGNATURE OF TREASURER M. Malissa Burnette	DATE 2-15-2000
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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 202-694-1100

FE9AN114PDF

FEC FORM 1
(revised 4/87)

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 2-22-00
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<i>JmH</i> PREPARER <i>2-28-00</i> DATE PREPARED	