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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12PB4MS

WAYNE HOGAN FOR CONGRESS

ADDRESS (number and street)

2700 UNIVERSITY BOULEVARD WEST, SUITE A-2

(Check if address is changed)

JACKSONVILLE

FL

32217

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07 25 2002

3. FEC IDENTIFICATION NUMBER ▶

C

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

Gary S. Hannon

Signature of Treasurer

Date

7 25 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

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 WAYNE HOGAN

Candidate Party Affiliation	DEM	Office Sought	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	FL
						District	07

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

Write or Type Committee Name

Wayne Hogan for Congress

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 GARY F. HANNON

Mailing Address 2700 University Boulevard West, Suite A-2  
Jacksonville FL 32217

Title or Position Treasurer CITY JACKSONVILLE STATE FL ZIP CODE 32217

Telephone number 904 730-7709

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 GARY F. HANNON

Mailing Address 2700 University Boulevard West, Suite A-2  
Jacksonville FL 32217

Title or Position Treasurer CITY JACKSONVILLE STATE FL ZIP CODE 32217

Telephone number 904-730-7709

Full Name of Designated Agent LAURA B. HACK

Mailing Address 4932 Blackhawk Drive  
Jacksonville FL 32259

Title or Position Assistant Treasurer CITY JACKSONVILLE STATE FL ZIP CODE 32259

Telephone number 904-910-2491

8. 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.

Prosperity Bank

Mailing Address 790 North Ponce De Leon Boulevard  
 St. Augustine FL 32084  
 CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address  
 CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

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.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt 7-26-02
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<i>Sir</i> PREPARER		7-26-02 DATE PREPARED

FEDERAL ELECTION COMMISSION