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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.

12PB4M5

GORMAN FOR PRESIDENT

ADDRESS (number and street)

158 MOUNTAIN RD

X (Check if address
is changed)

DEERFIELD

NH 03037

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07 15 2002

3. FEC IDENTIFICATION NUMBER ▶

C:00354126

4. IS THIS STATEMENT

NEW (N)

OR

X

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

MARIANNE TAYLOR

Signature of Treasurer

Date

07 15 2002

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 60 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
1600 Ave 500-424-9530
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 _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (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 ▲

Relationships _____

Type of Connected Organization:

- | | | |
|-------------------------|--------------------------------|--------------------|
| Corporation | Corporation with 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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

MARIANNE TAYLOR

Mailing Address

158 MOUNTAIN RD

DEERFIELD

NH

03037

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

603 463 7771

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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.

NONE

Mailing Address

[Empty address lines]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address

[Empty address lines]

CITY ▲


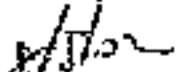
STATE ▲

ZIP CODE ▲

Federal Election Commission

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FOR INCOMING DOCUMENTS**

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