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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5  
JOHN WHITE FOR CONGRESS

ADDRESS (number and street)  (Check if address is changed)  
P.O. Box 3031  
ANNAPOLIS MD 21403-9998  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
JOHNWHITE17@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)  
WWW.JOHNWHITE.US

COMMITTEE'S FAX NUMBER  
443-282-2523

2. DATE 03 25 2006

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 Michael Robert White

Signature of Treasurer *M. R. White* Date 03 25 2006

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.

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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 WHITE

Candidate Party Affiliation REP Office Sought:  House  Senate  President State MD District 03

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

Name of Candidate JOHN WHITE

(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

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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 MICHAEL ROBERT WHITE

Mailing Address P.O. Box 3031

ANNAPOLIS MD 21403-9998

Title or Position CITY STATE ZIP CODE

CUSTODIAN OF RECORD Telephone number 301-481-5986

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 MICHAEL ROBERT WHITE

Mailing Address P.O. Box 3031

ANNAPOLIS MD 21403-9998

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 301-481-5986

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.

M. AND J. BANK (MANUFACTURERS AND TRADERS)

Mailing Address

37660 MOHAWK DRIVE

CHARLOTTE HALL MD 20622

CHARLOTTE HALL MD 20622-2358

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>See</i> PREPARER	4/4/06 DATE PREPARED

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