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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Committee Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5  
JOHN McCOLGAN for Congress Committee

ADDRESS (number and street) P.O. Box 653  
(Check if address is changed) Talent OR 97540  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
mccolganforcongress@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.mccolganforcongress.com

COMMITTEE'S FAX NUMBER  
541-513-1963

2. DATE 05 14 2004

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 Helen Hooper

Signature of Treasurer *Helen E Hooper* Date 05 14 2004

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.

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 ▲

Relationship \_\_\_\_\_

Type of Connected Organization

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

John McColgan for Congress Committee

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 JOHN C. McColgan

Mailing Address P. O. Box 1653  
Talent OR 97570

Title or Position Candidate CITY Talent STATE OR ZIP CODE 97570

Telephone number 541-517-2005

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 Helen E. Hoopes

Mailing Address 3517 Beside  
Medford OR 97504

Title or Position Treasurer CITY Medford STATE OR ZIP CODE 97504

Telephone number 541-282-1640

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.

Bank of America

Mailing Address

2305 Ashland St.

Ashland

OR

97520

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<b>PREPARER</b> (5/2004)	<b>DATE PREPARED</b> 5/20/04