

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 26 12 01 PM '98

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) <i>The McMickle for Congress Committee</i>	2. DATE <i>3-12-98</i>
(b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) <i>19619 Scottdale Blvd.</i>	3. FEC Identification Number
(c) City, State and ZIP Code: <i>Shaker Hts., OH 44122</i>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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
<i>MARVIN McMickle</i> | Candidate Party Affiliation
<i>Democrat</i> | Office Sought
<i>Congress</i> | State/District
<i>OH/11th</i> |
|---|--|----------------------------------|----------------------------------|
- (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 <i>William H. Myers</i>	Mailing Address <i>6768 Smith Rd., Middleburg Hts., OH 44130</i>	Title or Position <i>Treasurer</i>
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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 <i>William H. Myers</i>	Mailing Address <i>6768 Smith Rd., Middleburg Hts., OH 44130</i>	Title or Position <i>Treasurer</i>
Full Name <i>MARY ANN TURNER</i>	Mailing Address <i>1508 East 71st Street, Cleveland, OH 44103</i>	Title or Position <i>Asst Treasurer</i>

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. <i>Keybank</i>	Mailing Address and ZIP Code <i>2025 Ontario St., Cleveland, OH 44115-1028</i>
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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 <i>William H. Myers</i>	SIGNATURE OF TREASURER <i>William H. Myers</i>	DATE <i>3-12-98</i>
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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 202-219-3420

FEBAN121

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-23-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEP</i>	3-26-98
PREPARER	DATE PREPARED