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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 line. 12FE4MS

JOHN STEPHEN FOR CONGRESS

ADDRESS (number and street) PO BOX 3524

(Check if address is changed)

MANCHESTER NH 03105-03524

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 01 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 DAVID A. HORAN

Signature of Treasurer *David A. Horan* Date 05 01 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 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	RISP	Office Sought	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	NE
						District	01

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

Name of Candidate

JOHN A. STEPHEN

- (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 STEPHEN 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 **BROOKE HOLTON**

Mailing Address **PO BOX 756**

CONCORD **NH** **03302**

Title or Position **ASSISTANT TREASURER** CITY STATE ZIP CODE

Telephone number **603** **528** **6240**

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 **DAVID A. HORAN**

Mailing Address **227 JEWETT STREET**

MANCHESTER **NH** **03103** **2822**

Title or Position **TREASURER** CITY STATE ZIP CODE

Telephone number **603** **666** **4700**

Full Name of Designated Agent **BROOKE HOLTON**

Mailing Address **PO BOX 756**

CONCORD **NH** **03302**

Title or Position **ASSISTANT TREASURER** CITY STATE ZIP CODE

Telephone number **603** **528** **6240**

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.

ST. MARY'S BANK

Mailing Address

200 MCGREGOR STREET

MANCHESTER

NE

03102

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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<i>Jim</i> PREPARER	5-3-02 DATE PREPARED