

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2002 FEB -6 A 11:40

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Morgan For Congress

ADDRESS (number and street)

PMB#335 34841 Mound Rd.

(Check if address
is changed)

Stearns Heights MI 48310

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

USREP2002@JAMIA.MORGAN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JAMIAMORGAN.COM

2. DATE

02 02 2002

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

X

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

John Morgan

Signature of Treasurer

John Morgan

Date

02 02 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 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
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 Jamie Jacob Morgan

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

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

Name of Candidate Jamie Jacob Morgan

(d) This committee is a NAT (National, State or subordinate) committee of the REP (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

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 Morgan
 Mailing Address 569 Second St
Oxford MI 48371
 Title or Position CITY STATE ZIP CODE
 Telephone number 248-245-8006

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 John Morgan
 Mailing Address 569 Second St
Oxford MI 48371
 Title or Position CITY STATE ZIP CODE
 Telephone number 248-245-8006

Full Name of Designated Agent Jamie Jacob Morgan
 Mailing Address 2115 Wrenson St
Ferris MI 48220
 Title or Position CITY STATE ZIP CODE
 Telephone number 248-245-8007

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.

COMERICA

Mailing Address

1000 E ALPINE MILE RD

Ferrisdale MI 48220

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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