

2001 DEC 10 P 1:35

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 lines.

12FE4M5

MIKE CHEMIA FOR CONGRESS

ADDRESS (number and street)

EXETER POST OFFICE

(Check if address is changed)

PO BOX 7111

EXETER

NH

03833

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mike@mikechemia.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mikechemia.com

2. DATE

NOV 15 2001

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

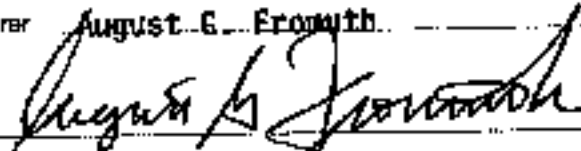
AMENDED (A)

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

August G. Frouth

Signature of Treasurer



Date

NOV

24

2001

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 MIKE CHEMA

Candidate Party Affiliation REP Office Sought: House Senate President State NH District 01

- (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
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- 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 AUGUST FROMOUTH
 Mailing Address 816 ELM STREET
SUITE 136A
MANCHESTER NH 03101
 Title or Position CITY STATE ZIP CODE
 Telephone number --

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 AUGUST FROMOUTH
 Mailing Address 816 ELM STREET
SUITE 136A
MANCHESTER NH 03101
 Title or Position CITY STATE ZIP CODE
 Telephone number --

Full Name of Designated Agent BRADLEY M. TOWN
 Mailing Address 439 MITCHELL STREET
ROBERTSON
PORTSMOUTH NH 03801
 Title or Position CITY STATE ZIP CODE
DESIGNATED AGENT Telephone number 603-431-1993

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.

FIRST SAVINGS BANK OF NEW HAMPSHIRE

Mailing Address

ONE CENTER STREET

EXETER NH 03833

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10-26-01
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<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
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<i>SL</i> PREPARER	12-10-01 DATE PREPARED