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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 lines.

12FE4M5

The Estabrook for Congress Committee

ADDRESS (number and street)

5 Litchfield Lane

(Check if address is changed)

Champaign

IL

61820

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.carlforcongress.com

2. DATE

06

19

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 Melinda S. Brady

Signature of Treasurer *Melinda S. Brady*

Date 06 19 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 202-894-1100

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 Carl Estabrook

Candidate		Office				State	IL
Party Affiliation	GRE	Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	District	15

- (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

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 Treasurer

Mailing Address _____

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 Melinda Brady

Mailing Address 908 S. Cottage Grove Ave.

Urbana IL 61801-_____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number 217-337-1125

Treasurer

Full Name of Designated Agent Leigh Estabrook

Mailing Address 5 Litchfield Lane

Champaign IL 61820-_____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number 217-359-19466

Assistant Treasurer

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 Illinois

Mailing Address

100 W. University Ave.

Champaign

IL

61820

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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