

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

JUL 6 11 34 AM '01

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Committee to elect Mark C. Smith

ADDRESS (number and street)

229 Farms Drive

(Check if address
is changed)

Burlington

MA

01803

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MarkSmith2002.com

MarkSmith2002.COM (under construction)

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07 / 03 / 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 Justin P. Bilton

Signature of Treasurer

Justin Bilton

Date

07 / 03 / 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 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

RELANDM.PDF

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: Mark C. Smith

Candidate Party Affiliation: Rep. Office Sought: House Senate President State: Ma
 District: 06

- (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

None

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 Jacqueline C. Smith
 Mailing Address 229 Farms Drive
Burlington Ma 01803
 CITY ▲ STATE ▲ ZIP CODE ▲
 Title or Position ▼ Chairwoman of Strategic Policy Telephone number 781 - 229 - 4809

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 Justin P. Bilton
 Mailing Address 10 Fabens Street
Saugus Ma 01906
 CITY ▲ STATE ▲ ZIP CODE ▲
 Title or Position ▼ Treasurer Telephone number 781 - 233 - 7796

Full Name of Designated Agent Jacqueline C. Smith
 Mailing Address 229 Farms Drive
Burlington Ma 01803
 CITY ▲ STATE ▲ ZIP CODE ▲
 Title or Position ▼ Assistant Treasurer
Chairwoman of Strategic Policy Telephone number 781 - 229 - 4809

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.

Fleet Bank

Mailing Address

79 Cambridge Street

Burlington

Ma

01803

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 type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
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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
<input type="checkbox"/> Electronic Filing	
<i>Set</i> PREPARER	7-6-01 DATE PREPARED