

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FED MAIL
OPERATIONS CENTER

2002 OCT 09 10:10

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Jack McLain for Congress

ADDRESS (number and street)

11818 74th St, N

(Check if address is changed)

Jupiter

FL

33478-1607

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

jackmclain@bellksouth.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

10 03 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

Lois McLain

Signature of Treasurer

Lois McLain

Date

10 03 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 800-424-9680
Local 202-554-1100

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: J o h n (J a c k) I . M c L a i n

Candidate Party Affiliation: C O N Constitution Party

Office Sought: House Senate President

State: FL District: 16

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

Name of Candidate: _____

(d) This committee is a STA (National, State or subordinate) committee of the C O N (Democratic, Republican, etc.) Party
Constitution 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

Jack McLain 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 Louis McLain

Mailing Address 15874 131st Way N
Jupiter, FL 33478-6076

Title or Position Treasurer CITY FL STATE 33478 ZIP CODE 6076

Telephone number 561-741-7592

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 Lois McLain

Mailing Address 16874 131st Way N
Jupiter, FL 33478-6076

Title or Position Treasurer CITY FL STATE 33478 ZIP CODE 6076

Telephone number 561-741-7592

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

F i d e l i t y F e d e r a l

Mailing Address

P O B o x 9 8 9

W e s t P a i n B e a c h F I 3 3 4 0 2 - 0 9 8 9

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
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<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>sey</i>	10-20-02
PREPARER	DATE PREPARED