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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. 12FB4M5
Jackson Walker LLP Political Action Committee

TYPE=N

ADDRESS (number and street) 100 Congress Avenue, Suite 1100
(Check if address is changed) Austin TX 78701
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL) See Line 6

2. DATE 01/21/2002

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 Thomas F. Sedberry
Signature of Treasurer [Handwritten Signature] Date 01 21 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.

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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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

Jackson Walker LLP

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 Thomas E. Sedberry
 Mailing Address 100 Congress Avenue, Suite 1100
Austin TX 78701
 Title or Position Treasurer CITY STATE ZIP CODE
 Telephone number 512-236-2330

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 Thomas E. Sedberry
 Mailing Address 100 Congress Avenue, Suite 1100
Austin TX 78701
 Title or Position Treasurer CITY STATE ZIP CODE
 Telephone number 512-236-2330

Full Name of Designated Agent Ed Small
 Mailing Address 100 Congress Avenue, Suite 1100
Austin TX 78701
 Title or Position Assistant Treasurer CITY STATE ZIP CODE
 Telephone number 512-236-2370

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 of America

Mailing Address

P. O. Box 798

Wichita KS 67201

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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 <i>Dionandra J Ray</i> PREPARER	 <i>2/12/02</i> DATE PREPARED