

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM

2002 FEB -1 P 1:49

Office Use Only

1. NAME OF
COMMITTEE (In full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 4 2002

Nike Greene for Congress Committee

ADDRESS (number and street)

1110 South Garden Street



(Check if address
is changed)

P.O. Box 265

Columbia

TN

38402

0265

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jtkelley@jtkcpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01

31

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

Joe T. Kelley

Signature of Treasurer

Joe T. Kelley

Date

01

31

2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 Green

Candidate Party Affiliation REP Office Sought: House Senate President State TN District 04

- (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

Mike Greene for Congress Committee

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 **Joe T. Kelley**

Mailing Address **P.O. Box 285**

Columbia **TN** **38402** - **0265**

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number **931** - **381** - **5047**

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.

First Farmers & Merchants National Bank

Mailing Address

P.O. Box 1148

Columbia TN 38402-1148

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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