24038421985

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)   ☐ (Check if name is changed)   Example if typing, type over the lines.   [12FB4N5]

John McCrea orm Wourfer Im beim Congress 456

ADDRESS (number and street)   2615 Forrest Highland Drive

☐ (Check if address is changed)

Chattanooga [TN] [37421.5]-

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS which one?

JohnMcCreaFor@msn.com

COMMITTEE'S WEB PAGE ADDRESS (URL) ?

COMMITTEE'S FAX NUMBER

(423)-(205) 8006 5

2. DATE 05 21 2004

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 Albert F. Teague, Jr.

Signature of Treasurer Albert F. Teague Jr.   Date 05 21 2004

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 202-694-1100 | FEC FORM 1 (Revised 02/2003) |

TYPE OF COMMITTEE (Check One)

(a) [X] 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: John McConnell Wolfe Jr.

Candidate Party Affiliation: DEM   Office Sought: [ ] House   [ ] Senate   [ ] President   State: [ ]   District: [ ]

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

Name of Candidate: John W Wolfe For Congress

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [DEM] (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

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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   ALBERT A TEAGUE Jr.

Mailing Address   207 Georgia AVE, Suite 201

Chatt   [TN]   37402-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number   423 - 266 - 5900

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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   ALBERT F TEAGUE Jr

Mailing Address   207 Georgia AVE, Suite 201

Chatt   [TN]   37402-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number   423 - 266 - 5900

Full Name of
Designated
Agent   None

Mailing Address

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

        Telephone number

FE5AN042

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.

AmSouth Bank

Mailing Address: 601 Broad Street

Chattanooga   TN   37402-

CITY ▲   STATE ▲   ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

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