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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF
COMMITTEE (as file)



(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 05

John McCauley Memorial Foundation For Cong 256

ADDRESS (number and street)

13615 E. Ocean Highway D. Olathe



(Check if address
is changed)

Overland Park Kansas 66111

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS which one?

johnmcc@eij.com

COMMITTEE'S WEB PAGE ADDRESS (URL) ?

COMMITTEE'S FAX NUMBER

913-241-1805

2. DATE

MAY 21 2004

3. FEC IDENTIFICATION NUMBER

000000000000000000

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 E. Teague, Jr.

Signature of Treasurer

Albert E. Teague, Jr.

Date

MAY 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.

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For further information contact:
Federal Election Commission
Toll Free 800 424 9529
Local 202-696-1100

FEC FORM 1
(Revised 02/2003)

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: Edmund McConnel White Jr.

Candidate Party Affiliation: DCU Office Sought: House Senate Presidential State: DC District: 1

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

Name of Candidate: Edmund M. White For Congress

(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 ALBERT S. TEAGUE JR.

Mailing Address 1207 GEORGIA AVE SUITE 201

CHATT TN 37402

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 423-266-8400

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 1207 GEORGIA AVE SUITE 201

CHATT TN 37402

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 423-266-8400

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

2. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, or is a safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Security Bank

Mailing Address

601 Broadway Street

Chicago, IL 60602-1000

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 FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<i>for</i> PREPARER	5-28-07 DATE PREPARED