

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 12FE4M5
M2M INC, PAC

ADDRESS (Home or street) 1523 New Hampshire Avenue, NW
(Check if address is changed) Washington DC 20036
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
jonell@mzminc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
2025185241

2. DATE 06 / 29 / 2004

3. FEC IDENTIFICATION NUMBER C C00369884

4. IS THIS STATEMENT X 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 Ms. Jeanne O'Neil

Signature of Treasurer Electronically Filed by Ms. Jeanne O'Neil Date 06 / 29 / 2004

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

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

**MZM, Inc.** \_\_\_\_\_

Mailing Address \_\_\_\_\_ 1523 New Hampshire Ave., NW \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Washington \_\_\_\_\_ DC \_\_\_\_\_ 20036 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | **connected org.** \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**MZM INC. PAC**

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 Ms. Jeanne O'Neil

Mailing Address 1523 New Hampshire Ave., NW

Washington DC 20036 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 518 - 5240

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 Ms. Jeanne O'Neil

Mailing Address 1523 New Hampshire Ave., NW

Washington DC 20036 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 518 - 5240

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
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.

SunTrust Bank

Mailing Address

P.O. Box 662227

Orlando

FL

32862 - 2227

CITY Δ

STATE Δ

ZIP CODE Δ