

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC AFFAIRS SECTION
WASHINGTON, DC 20543

MAY 14 2004
Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1 NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 2005

PEOPLE TO ELECT CHARMAINE [REDACTED] TO CONGRESS

ADDRESS (number and street)

278 ST. PETER ST.

(Check if address is changed)

RACELAND

LA

70394

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CHARMAINE@CHARMAINE2004.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CHARMAINE2004.COM

COMMITTEE'S FAX NUMBER

(504) (685) (4313)

2. DATE

04 15 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

Mary Johnston Caballo

Signature of Treasurer

Mary Johnston Caballo

Date

04 15 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.

Office Use Only

For further information contact
Federal Election Commission
360 Free 800-431-8530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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 CHARMAINE CACCIOPI

Candidate Party Affiliation DEM Office Sought House Senate President State LA District 03

- (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

PEOPLE TO ELECT CHARMINE ~~TO~~ TO CONGRESS

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 NERA NIE LONSTEAN

Mailing Address 2324 SEVERN AVE, SUITE A

MEJAIRIE LA 70001

Title or Position CITY STATE ZIP CODE

C.P.A. WITH PEN Telephone number 504-1291-0205

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 MARY JOHNSTON CATALLO

Mailing Address 114 STILT ST.

NEW ORLEANS, LA 70124
NEWORLEANS LA 70124

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 504-909-6499

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.

BANK ONE

Mailing Address

PO BOX 210210

COLUMBUS OH 43221-0210

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"/> Overnight Delivery Service (Specify):	Shipping Date
<input checked="" type="checkbox"/> Received from House Records & Registration Office	Date of Receipt 5-14-04
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<i>AS</i> PREPARER	5-14-04 DATE PREPARED