

FEDERAL
ELECTION
COMMISSIONS CENTER

2005 FEB 23 A 8:45

FEC
FORM 1

STATEMENT OF
ORGANIZATION

CFRS Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 2005

Jay Esnay for Congress

ADDRESS (number and street)

2335 27th St

(Check if address
is changed)

Saint Cloud

FL

32901

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jayesnay@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jayesnay.com

COMMITTEE'S FAX NUMBER

(320)-252-0150

2. DATE

02

17

2005

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 John Esnay

Signature of Treasurer

Date

02 17 2005

NOTE: Submission of false, inaccurate, 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
Talk Free: 800-424-9590
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: Jay R. BRYAN

Candidate Party Affiliation: GOP Office Sought: House Senate President State: MN District: 06

- (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

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 John Esmy

Mailing Address 9051 Lake Blvd
Chicago City MN 55013

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 612 1-359 1111

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 John Esmy

Mailing Address 9051 Lake Blvd
Chicago City MN 55013

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 612 1-359 1111

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

B. 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.

TCF Bank

Mailing Address

801 Marquette Ave

Minneapolis MN 55402-13475

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>for</i> PREPARER	2-23-05 DATE PREPARED