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2004 JAN -6 A 9 13

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Circle the Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS

MARK HENRY FOR CONGRESS

ADDRESS (number and street)

438 SAVANNAH SPRINGS WAY

(Check if address
is changed)

SPRING

IN

27373

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MARKHENRYFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

MARKHENRYFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

(261) - 913 - 4671

2. DATE

12 / 12 / 2003

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

CAROL CLAYPOOL

Signature of Treasurer

Carol Claypool

Date

12 / 30 / 2003

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
Kil Pat 202-424-9530
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 _____

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 02

- (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 KUSAN, ARGENEUX
 Mailing Address P.O. BOX 373
FARFAX STATION VA 22039
 Title or Position CITY STATE ZIP CODE
ASST. TREASURER Telephone number 703-250-0496

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 KAROL CLAYPOOL
 Mailing Address 4618 PARK
BELLIERE TX 77401
 Title or Position CITY STATE ZIP CODE
 Telephone number

Full Name of Designated Agent SUSAN ARGENEUX
 Mailing Address P.O. BOX 373
FARFAX STATION VA 22039
 Title or Position CITY STATE ZIP CODE
ASST. TREASURER Telephone number 703-250-0496

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.

SOUTHWEST BANK OF TEXAS

Mailing Address

2000 SPRING CYPRESS RD

SPRING TX 77388

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

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<i>Des</i> PREPARER	1-6-04 DATE PREPARED