27039500134

FORM 1

STATEMENT OF **ORGANIZATION**

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2007 AUG -2 AM 7: 35

				ffice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
JOHNB	BREAUX (ommittele	 	
ADDRESS (number and street)	12044	AKE HILL	PKWU	
The street of th	Z		- 1 · · · · · · · · · · · · · · · · · ·	
(Check if address is changed)	BATON	Rome	L/a-	10808-1453
		CITY A	STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ss (6)	11000		
CITISPEE	ra Bei	11 Souxh: NE		
	1 1 1 1 1 1 1 1	 		
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
	<u>. l. l. l. l. l. l. l. l. l</u>	<u> </u>	<u> </u>	
COMMITTEE'S FAX NUMBER	<u>97</u> 1			
2. DATE 07 3	b 2007			
3. FEC IDENTIFICATION N	JMBER ► C.C	202/5.830		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the be	st of my knowledge and belief i	t is true, correct and	d complete.
Type or Print Name of Treasure	, CAROL J	Speer		
Signature of Treasurer	arel J	Solle	Date 07	20 8007
		n may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMM	AITTEE (Check One	в)				
	(a) Thi	is committee is a p	rincipal campaig	n committee. (Com	plete the candida	te information below	r)
	mar (2-4)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate	John	B.B	rea ux	11111		
	Candidate Party Affiliation	Carrie of carried and a second	Office Sought:	House	Senate	President	State
	(c) Thi	is committee suppo	rts/opposes only	one candidate, ar	nd is NOT an auth	norized committee.	
	Name of Candidate			<u> </u>			
	(d) Thi	is committee is a	The same of the sa	(National, State or subordinate)	committee of the	AND THE STREET	(Democratic, Republican, etc.) Party.
	(e) 📜 Thi	is committee is a s	eparate segrega	ted fund.			
		is committee suppo mmittee.	orts/opposes mor	e than one Federa	ıl candidate, and i	s NOT a separate s	segregated fund or party
6.	Name of Any Co	nnected Organiza	tion or Affiliate	d Committee			
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<u>i</u>						······································	
L		<u></u>	!				
	Mailing Address	لـــــا	11111	<u> </u>	11111		
		<u></u>			<u> </u>	<u> </u>	
		ا ا			لخبلن	نا لنا	
				CITY A		STATE ▲	ZIP CODE ▲
	Relationship	<u> </u>		<u> </u>	1-1-1-1	11111	
	Type of Connecte	d Organization:					
	Corporati	on	() C	orporation w/o Cap	oital Stock	Labor Orga	ınization
	reg	hip Organization	g · **@	ade Association		Cooperative	
	2000 III	h	127.74			Lang V	
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FEC Form 1 (Revised C			Page 3
John B	reaux Commit	ree	
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number optio		in possession of committee
Full Name	rol I speen		
Mailing Address	12044 Lake	Hills P.Kun	<i></i>
	BATOM Rouge	LA L	70808 145
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
Treasure	20	Telephone number 22,5	1-1383-679
. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the transistant treasurer).	reasurer of the committee; and	the name and address of
Full Name of Treasurer	ROL I Speek	· · · · · · · · · · · · · · · · · · ·	· - · · · · · · · · · · · · · · · · · ·
Mailing Address	2044 LAKE HI	Hs. PRwy	
	BATON BURGE	1 4A 1	108018 1-1453
Title or Position▼	CITY A	STATE ▲	ZIP CODE ▲
Treasure	<u> </u>	Telephone number 225	- 383-674
Full Name of Designated Agent			<u> </u>
Mailing Address		11111111	
			
		ا ليا ليب	
Title or Position▼	CITY A	STATE ▲	ZIP CODE A
<u> </u>		Telephone number	J-L
			

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, has safety deposit boxes or maintains funds.	olds accounts, rents
	Name of Bank, Depository, etc.	<u> </u>
	Mailing Address	1 1 1 1 1 1 1 1 1
	1, <u> </u>	
	BATON PULLE LA	
	CITY A STATE A	ZIP CODE ▲
	Name of Bank, Depository, etc.	
	Mailing Address	
	CITY ▲ STATE ▲	

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. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED