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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

22FSB4M5

The Committee to Elect Jeff Sessions to Congress

ADDRESS (number and street)

940 North Main

(Check if address
is changed)

Suite A

East Grand [NY] 10001

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Jeff@Jeff4Congress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.Jeff4Congress.org

COMMITTEE'S FAX NUMBER

505-541-1564

2. DATE

10 07 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

Melissa Lujan

Signature of Treasurer

Date

10 07 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					
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For further information contact
Federal Election Commission
Toll Free 800-424-9830
Local 202-594-7100

FEC FORM 1
(Revised 02/2003)

FORM 100

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: Lee, Bill Site in bio

Candidate Party Affiliation: Democrat Office Sought: House Senate President State: NM 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

The Committee to Elect Jeff Steinborn 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 Melissa Lujan

Mailing Address 940 North Main

Suite A

Las Cruces NM 88001

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 505-541-9020

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 Melissa Lujan

Mailing Address 940 North Main

Suite A

Las Cruces NM 88001

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 505-541-9020

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

2. 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 of America - Trust Guaranty

Mailing Address

PO Box 16919

Las Cruces NM 88004

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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

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