

FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (In Full) Clinton B. LeSueur P 230

(b) Address (number and street) 1235 Esquire Check if address changed

(c) City, State, and ZIP Code Greenville, MS 38704

2. Party Affiliation Republican 3. Office Sought House 4. State & District of Candidate Mississ. 01 - 2nd District

5. Identification Number _____

6. Is This Statement New (N) OR Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for my 2004 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (In Full) LeSueur for Congress '04

(b) Address (number and street) P.O. Box 5532

(c) City, State, and ZIP Code Greenville, MS 38704

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy:

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (In Full) None

(b) Address (number and street) None

(c) City, State, and ZIP Code None

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by:

9A	\$0.00	for the primary election, and
9B	\$0.00	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have read this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Clinton B. LeSueur Date 3/21/04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. § 19.

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