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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. 12FE4MS

REPUBLICANS FOR St. Mary Parish

ADDRESS (number and street) 6115 Hwy 182

(Check if address is changed)

MORGAN City LA 70381
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
985-385-10372

2. DATE 10 05 2004

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 of Print Name of Treasurer JOHN T. Johnson

Signature of Treasurer [Signature] Date 10 15 2004

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 202-694-1172

FEC FORM 1
(Revised 1/2003)

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	Office Sought:	House	Senate	President	State District
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- (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 with 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 T. JOHNSON

Mailing Address 11532 Hwy 182 West
FRANKLIN LA 70538

Title or Position CHAIRMAN CITY FRANKLIN STATE LA ZIP CODE 70538
Telephone number _____

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 T. JOHNSON

Mailing Address 11532 Hwy 182 West
FRANKLIN LA 70538

Title or Position TREASURER CITY _____ STATE _____ ZIP CODE _____
Telephone number _____

Full Name of Designated Agent Kimberly C. Hernandez

Mailing Address 1605 Cedar Street
Morgan City LA 70389

Title or Position Assistant Treasurer CITY _____ STATE _____ ZIP CODE _____
Telephone number _____

9 Banks or Other Depositories: List all banks or other depositories in which the candidate deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

MC BANK & TRUST COMPANY

Mailing Address

BRASSHEAR

11211 BRASSHEAR AVENUE

MORGAN CITY

LA

70380

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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