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Rayner Eye Clinic LLC

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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 typical, type over the lines. 12FB4M5

RUSSELL, F.O.R. CONGRESS

ADDRESS (number and street) P.O. Box 1103

(Check if address is changed) Oxford MS 38655

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS RANDY@RANDYRUSSELLFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) RANDYRUSSELLFORCONGRESS.COM

COMMITTEE'S FAX NUMBER 662-259-2447

2. DATE 01 24 2008

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 RICHARD W. RUSSELL

Signature of Treasurer Richard W. Russell Date 1-31-08

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only For further information contact: Federal Election Commission Toll Free 800-44-6530 Local 202-694-1100 FEC FORM 1 (Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 RANDY RUSSELL

Candidate Party Affiliation REP Office Sought: House Senate President State MS District 01

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C
5. _____ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Empty grid lines for organization name.

Mailing Address

Empty grid lines for mailing address.

CITY

STATE

ZIP CODE

Relationship:

- Connected Organization
- Affiliated Committee
- Leadership PAC Sponsor
- Joint Fundraising Representative

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

Richard Russ

Mailing Address

415 East Capitol Street

Jackson

MS

39201

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

601-354-4926

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

Richard Russ

Mailing Address

415 East Capitol Street

Jackson

MS

39201

CITY

STATE

ZIP CODE

Title or Position

Assistant

Telephone number

601-354-4926

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Full Name of Designated Agent

AMY B RUSSELL

Mailing Address

40 CR 233

OXFORD

CITY

MS

STATE

38655-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

601-209-7722

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.

M & F BANK OXFORD

Mailing Address

1111 JACKSON AVE EAST

OXFORD

CITY

MS

STATE

38655-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal Election Commission
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