

MICHAEL ☆ JACKSON

FOR CONGRESS

To: FEC

Fax #: 1-202-219-0174

From: Michael Jackson from Congress

of pages: 5

Please amend this form in your records. There is a change in the custodian of records. The custodian of records is Terrance Lockett. Please change this form in your records.

Should you have any questions please contact Murphy Bell, Jr. at (225) 924-3998.

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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.

12FE4M5

JACKSON FOR CONGRESS

ADDRESS (number and street)

660 NORTH FOSTER, SUITE A214

(Check if address is changed)

BATON ROUGE

LA

70806

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

MICHAELJACKSONFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

225-924-3991

2. DATE

Empty date boxes

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

MURPHY F. BELL, JR.

Signature of Treasurer

M. F. Bell, Jr.

Date

Empty date boxes

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

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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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 MICHAEL JACKSON

Candidate Party Affiliation DEM Office Sought: House Senate President State LA District 06

- (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

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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 TERENCE MICHAEL KLETTI

Mailing Address 1610 NORTH FOSTER, SUITE A214

BATON ROUGE LA 70806

Title or Position CITY STATE ZIP CODE

Telephone number 225-924-3999

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 MURPHY F. BELL JR.

Mailing Address 1610 NORTH FOSTER

SUITE A214

BATON ROUGE LA 70806

Title or Position CITY STATE ZIP CODE

Telephone number 225-924-3999

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

CHASE

Mailing Address

747A FLORIDA BLVD.

BATON ROUGE LA 70806

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**Federal Election Commission
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 FOR INCOMING DOCUMENTS**

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