

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

MIKE STAGG FOR CONGRESS, L.L.C.
2851 JOHNSTON ST., BOX 521

ADDRESS (number and street)

(Check if address is changed)

LAFAYETTE

LA

70503

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CAMPAIGNCOMMITTEE@MIKESTAGG.US

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.IMWITHMIKE.COM

COMMITTEE'S FAX NUMBER

225-282-1038

2. DATE

08 / 18 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C

NOT YET RECEIVED

4. IS THIS STATEMENT

X

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

BARBARA J. CONNER

ROBERT L. PICOU

ASSISTANT TREASURER

Signature of Treasurer

Barbara J. Conner

Date

08 / 18 / 2006

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)

26039172296

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 N/A

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

MIKE STAGG FOR CONGRESS, L.L.C.

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 ROBERT L. PICOU

Mailing Address 6821 WEST CONGRESS ST.

4

DUSON LA 70529

Title or Position DUSON CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 337-873-4719

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 BARBARA J. CONNER

Mailing Address P. O. BOX 52216

LAFAYETTE LA 70505-2216

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 337-344-4838

Full Name of Designated Agent ROBERT L. PICOU

Mailing Address 6821 WEST CONGRESS ST.

DUSON LA 70529

Title or Position DUSON CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 337-873-4719

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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. ONLY ONE

CHASE BANK

Mailing Address

2678 JOHNSTON ST.

LAFAYETTE

LA

70503

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JEI
 PREPARER

8/24/06
 DATE PREPARED

26039172300