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FEC
FORM 1

STATEMENT OF
ORGANIZATION

200 JUL 14 P 12:09

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JOHN EDWARDS FOR CONGRESS

ADDRESS (number and street)

(Check if address
is changed)

P.O. BOX 6785

NEW ORLEANS

LA

70174

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LA2@JOHNEDWARDSFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JOHNEDWARDSFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

504-281-4900

2. DATE

06 20 2006

H6LA02116

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

NORMITA B. LUBAG

Signature of Treasurer

Normita B. Lubag

Date

06 20 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
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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

JOHN EDWARDS

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

LA

District

02

- (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

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 EDWARDS

Mailing Address P.O. Box 6785
NEW ORLEANS
LA 70174

Title or Position ▼ Candidate CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 504 281 4900

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 NORMITA B LUBAG

Mailing Address P.O. BOX 6785
NEW ORLEANS LA 70174

Title or Position ▼ TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 504 281 4900

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number

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.

Capital ONE BANK

Mailing Address

Capital ONE BANK

201 St. Charles Ave. 16th Floor

New Orleans

LA

70130

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked
<u>JAL</u> PREPARER	<u>7/14/06</u> DATE PREPARED

(3/2005)

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