

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
**Chris John for Congress**

ADDRESS (Number and street) (Check if address is changed) P.O. Drawer 307  
**Crowley** **LA** **70527**  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
**sevenstarsclub@hotmail.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)  
**http://www.chrisjohn2004.com**

COMMITTEE'S FAX NUMBER  
**3377834417**

2. DATE **09 / 05 / 2003**

3. FEC IDENTIFICATION NUMBER **C C00316596**

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 **Chris John**

Signature of Treasurer Electronically Filed by **Chris John** Date **09 / 05 / 2003**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 Chris D. John

Candidate Party Affiliation **DEM** Office Sought:  House  Senate  President State **LA** District **7**

- (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

JFJ Fund

\_\_\_\_\_

Mailing Address 607 14th Street, NW

Suite 800

Washington DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Authorized Committee

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**Chris Jahn for Congress**

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 Jody Comeaux

Mailing Address 5280 Marie Avenue

Alexandria VA 22304 -       
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

     Telephone number 703 - 931 - 9337

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 **Kenneth Dugas**

Mailing Address **P.O. Drawer 907**

Crowley LA 70527 -       
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 337 - 769 - 0650

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.

Evangeline Bank

Mailing Address

425 N Avenue G

Crowley

LA

70526 -

CITY Δ

STATE Δ

ZIP CODE Δ