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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. 12FE4MS

Friends of Bobby Jindal, Inc.

ADDRESS (number and street)

P.O. Box 8628

(Check if address is changed)

Metairie

LA

70011

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@bobbyjindal.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bobbyjindal.com

COMMITTEE'S FAX NUMBER

504 - 324 - 0233

2. DATE 02 03 2004

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 William C. Potter

Signature of Treasurer *William C. Potter*

Date 02 03 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 15 DAYS.

Office Use Only				
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For further information contact
Federal Election Commission
toll free 800-424-9600
Local 202-664-1100

FEC FORM 1
(Revised 02/2003)

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: **Bobby Jindal**

Candidate Party Affiliation: **REP** Office Sought: House Senate President State: **LA**
 District: _____

- (c) This committee supports/apposes 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 with 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 conference books and records.

Full Name **William C. Potter**

Mailing Address **8550 United Plaza Blvd., Suite 1001**

Baton Rouge **LA** **70809**

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ **Treasurer** Telephone number **225** - **922** - **4600**

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., exchequer's treasurer).

Full Name of Treasurer **William C. Potter**

Mailing Address **8550 United Plaza Blvd., Suite 1001**

Baton Rouge **LA** **70809**

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ **Treasurer** Telephone number **225** - **922** - **4600**

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, notes, safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Whitney Bank

Mailing Address

445 North Blvd.

Baton Rouge

LA

70802

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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