

**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
LESUEUR FOR CONGRESS 04

ADDRESS (Number and street) **P.O. Box 5532**
 (Check if address is changed) **Greenville** **MS** **38704**
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Info@lesueurforcongress.com, clintonblesueur@aol.com

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

COMMITTEE'S FAX NUMBER
8624534694

2. DATE **11 / 14 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00394304**

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 **Mr. Clinton LeSueur**

Signature of Treasurer Electronically Filed by Mr. Clinton LeSueur Date **11 / 14 / 2004**

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 Mr. Clinton LeSueur

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	MS
						District	2

- (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 A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

LESUEUR FOR CONGRESS 04

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 Mr. Clinton LeSueur

Mailing Address 1235 Fairview Ave.

Greenville MS 38704 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 662 - 822 - 3758

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 Mr. Clinton LeSueur

Mailing Address 1235 Fairview Ave.

Greenville MS 38704 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 662 - 822 - 3758

Full Name of Designated Agent _____

Mailing Address _____

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.

Trustmark National Bank

Mailing Address

P.O. Box 291

Jackson

MS

39205 - 9967

CITY Δ

STATE Δ

ZIP CODE Δ