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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.

12P54M5

MARK HARRIS FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 381075

(Check if address is changed)

GERMANTOWN

TN

38183-1075

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NORRISNOWPADL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MARKHARRIS.ORG

2. DATE

04 01 2002

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

ROBERT P SHANNON

Signature of Treasurer

*Robert P Shannon*

Date

04 19 2002

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 800-424-9520  
Local 202-453-6100

FEC FORM 1

(Revised 10/01)

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 MARK S. MORRIS

Candidate Party Affiliation REP Office Sought  House  Senate  President State TN District 07

- (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

FD-1000

Write or Type Committee Name

MARK NORRIS FOR CONGRESS

7. Custodian of financial records: name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name ROBERT PHILIP SHANNON

Mailing Address 11464 BELL MANDRA DRIVE

GERMANTOWN IN 38138

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 901-755-7169

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 ROBERT PHILIP SHANNON

Mailing Address 11464 BELL MANDRA DRIVE

GERMANTOWN IN 38138

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 901-755-7169

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. 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.

WILLIAM PLANTERS BANK, N/A - MEMPHIS

Mailing Address

16200 POPLAR AVE

MEMPHIS

TN

38119

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

Federal Election Commission

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