

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2008 FEB -4 PM 1: 32

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

RUSSELL FOR CONGRESS

ADDRESS (number and street)

PO Box 1103

(Check if address
is changed)

Oxford

MS

38655

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

RANDY@RANDY.RUSSELLFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

RANDY.RUSSELLFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

662-2591-2447

2. DATE

01' 24' 2008

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

Signature of Treasurer

Date

M M / D D / Y Y Y Y

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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

28039622560

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.

12FE4M5

RUSSELL, F.O.R. CONGRESS

ADDRESS (number and street)

PO Box 1103

(Check if address is changed)

Oxford

MS

38655

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

RANDY@RANDYRUSSELLFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

RANDYRUSSELLFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

662-259-2447

2. DATE

01 24 2008

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 knowl

Type or Print Name of Treasurer

BENJAMIN W. RUSSELL

Signature of Treasurer

Benjamin W. Russell

NOTE: Submission of false, erroneous, or incomplete information may subject

ANY CHANGE IN INFORMATION SHOULD

Office Use Only

File Federal Local

form with treasurer's original signature is being mailed by the treasurer

28039622561

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 RANDY RUSSELL

Candidate Party Affiliation REP Office Sought: House Senate President State MS District 01

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C
5. _____ FEC ID number C

28039622562

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

Richard Russ

Mailing Address

415 East Capitol Street

Jackson

MS

39201

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

601-354-4926

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

Richard Russ

Mailing Address

415 East Capitol Street

Jackson

MS

39201

CITY

STATE

ZIP CODE

Title or Position

Accountant

Telephone number

601-354-4926

28039622563

X

Full Name of Designated Agent

AMY B RUSSELL

Mailing Address

40 CR 233

OXFORD

CITY

MS

STATE

38655-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

601-209-1722

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.

M & F BANK OXFORD

Mailing Address

1111 JACKSON AVE EAST

OXFORD

CITY

MS

STATE

38655-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039622564

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked
2/1/08

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JAD
PREPARER
(3/2005)

2/4/08
DATE PREPARED

28039622565