

FAX COVER SHEET

URGENT

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Send to: Federal Election Commission	From: Breech for Congress
cc: C. Melancon C. Romero J. Blake	Date: 08/018/06
Office location: Washington, D.C.	Office location: LaPlace, LA
Fax number: 202-219-0174	Phone number: 985-651-0080

Total pages, including cover:

Comments:

FEC Form 2

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <u>Olanjee "OJ" Breech</u>		2. Identification Number	
(b) Address (number and street) <u>429 West Airline Hwy Ste 0</u>		☐ Check if address changed	
(c) City, State, and ZIP Code <u>LaPlace, LA 70068</u>		3. Is This Statement ☒ New ☐ Amended	
4. Party Affiliation <u>DEM</u>	5. Office Sought <u>US Representative</u>	6. State & District of Candidate <u>Louisiana - District 03</u>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Breech for Congress</u>	
(b) Address (number and street) <u>429 West Airline Hwy Suite 0</u>	
(c) City, State, and ZIP Code <u>LaPlace, LA 70068</u>	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

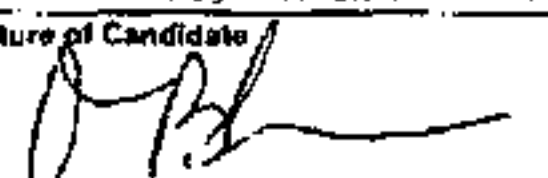
(a) Name of Committee (in full) <u>Breech for Congress</u>	
(b) Address (number and street) <u>429 West Airline Hwy Suite 0</u>	
(c) City, State, and ZIP Code <u>LaPlace, LA 70068</u>	

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	for the primary election, and
0.00	
9B	for the general election.
0.00	

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and in the best of my knowledge and belief it is true, correct and complete.	
Signature of Candidate 	Date <u>8-17-06</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission
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 FOR INCOMING DOCUMENTS**

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