

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED  
FEC MAIL ROOM

2002 JUL -9 A 11:05

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

LAFARGE NORTH AMERICAN ITALIC PLAC

ADDRESS (number and street)

1129150 WOBLE GATE DRIVE



(Check if address is changed)

SUITE 500

HERNDON

VIA

20170

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

06

26

2002

3. FEC IDENTIFICATION NUMBER

C00246678

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

Craig S. Campbell (Asst. Treasurer)

Signature of Treasurer

Date

06

26

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 800-424-9530  
Local 202-684-1100

FEC FORM 1  
(Revised 1/01)

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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

LIA FARGE NORTH AMERICA INC. \_\_\_\_\_

Mailing Address 112950 WOODGATE DRIVE  
SUITE 500  
HERNDON VA 20178  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

Leige North America Inc. PAC

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 MICHAEL ST. ISIDORIS

Mailing Address 4000 TOWN CENTER

SUITE 2000

SOUTHFIELD MI 48070

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 248-354-9050

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 DAVID W. CARROLL

Mailing Address 12950 WOODBATE DRIVE

SUITE 500

HERNDON VA 20170

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703-450-3600

Full Name of Designated Agent CIBRIS CAMBRIDGE

Mailing Address 4000 TOWN CENTER

SUITE 2000

SOUTHFIELD MI 48070

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 248-354-9050

**B. 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.

BANK OF AMERICA

Mailing Address

1310211 WOODBRIDGE AVE DRIVE

HERNDON VA 20170

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 Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7/9/02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>g</i> PREPARER	<i>7/9/02</i> DATE PREPARED