

FEDERAL ELECTION CENTER  
2004 MAY 19 A 8:14

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Circle the Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4MS

Dussier, Gregor, Niemann Associates

ADDRESS (number and street)

100 N Pitt St, Ste A03



(Check if address  
is changed)

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

thussier@lga.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

n/a

COMMITTEE'S FAX NUMBER

703-684-3117

2. DATE 05 07 2004

3. FEC IDENTIFICATION NUMBER ▶ C00318761

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 Thomas R. Dussier

Signature of Treasurer Thomas R. Dussier

Date 05 07 2004

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					
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9830  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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

WASSILEY, GREGORY, WILLIAMS & ASSOCIATES  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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

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 Thomas R. Lussner

Mailing Address Lussner, Gregory, Virginia & Assoc  
1100 N. Pitt St. Ste. 403  
Alexandria VA 22314

Title or Position President CITY VA STATE VA ZIP CODE 22314

Telephone number 703-684-5536

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 Thomas R. Lussner

Mailing Address Lussner, Gregory, Virginia & Assoc  
1100 N. Pitt St. Ste. 403  
Alexandria VA 22314

Title or Position President CITY VA STATE VA ZIP CODE 22314

Telephone number 703-684-5536

Full Name of Designated Agent Kathleen A. Hall

Mailing Address Lussner, Gregory, Virginia & Assoc  
1100 N. Pitt St. Ste. 403  
Alexandria VA 22314

Title or Position Assistant Treasurer CITY VA STATE VA ZIP CODE 22314

Telephone number 703-684-5536

5. 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.

Burke & Lambert Bank & Trust Co.

Mailing Address

P.O. Box 268

Alexandria VA 22313-1

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (RAC)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
Jm D PREPARER	5-17-04 DATE PREPARED