

FEC FORM 1

STATEMENT OF ORGANIZATION

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2007 DEC 26 AM 10:18

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Morris for Congress

ADDRESS (number and street)

PO Box 6346

(Check if address is changed)

Slidell

LA

70146

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@benmorrisonforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

benmorrisonforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE

MM/DD/YYYY

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

George RAZENAVETTE III

Signature of Treasurer

Date

12/15/2007

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 02/2003)

27039574694

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 Ben Morris

Candidate Party Affiliation R Office Sought: House Senate President State LA District 1

- (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 Ben Morris

Type of Connected Organization:

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

27039574695

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 PATRICK JOSEPH BERTIGIAN

Mailing Address 209 VILLAGE CIRCLE
~~SILVIELE~~
SILVIELE LA 70458

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CUSTODIAN OF RECORDS Telephone number _____

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 GEORGE JAMES CAZENAVETTE III

Mailing Address 26332 TURKEY RIDGE ROAD
BUSH LA 70431

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 985-886-2678

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

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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.

Whitney National Bank

Mailing Address

Slide 11 Branch

1338 Fause Blvd

Slide 11 LA 70458

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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JMS
 PREPARER

12/26/07
 DATE PREPARED

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