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Dear FCC,

I sent one copy, but

since you had not received it

I filled out all new paperwork.

Thank,

[Signature]

Contact 504-282-8171 (0)
for questions

2025 RELEASE UNDER E.O. 14176

RECEIVED
FEC MAIL
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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

2002 AUG 30 P 1:38

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If (state), type over the lines. 12FE4M5

Monica Monitor for Congress

ADDRESS (number and street)

PO Box 224

(Check if address is changed)

191 Robert E. Lee Blvd

New Orleans

LA 70124

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MonicaMonitor.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.MonicaMonitor.com

2. DATE of 28 2002

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

THOMAS J. LONG

Signature of Treasurer

Date

08 28 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				
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For further information contact:
Federal Election Commission
(Toll Free) 1-800-424-9530
Local 202-694-1100

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 Monica L. Monica

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

- (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 _____

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 Monica Monica

Mailing Address PO Box 224
1141 Robert E. Lee Blvd
New Orleans LA 70124

Title or Position CITY STATE ZIP CODE

Candidate Telephone number 504-282-8171

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 J. Long

Mailing Address 1145 Robert E. Lee Blvd
Suite 410
New Orleans LA 70124

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 504-283-0522

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Fidelity Investments

Mailing Address

149 Robert F. Johnson

New Orleans, La.

New Orleans

La

70127

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>9/30-07</i>
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