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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1 NAME OF COMMITTEE (in full) (Check if name is changed) Examples if typing, type over the lines. 12FE4M5

FULLER FOR CONGRESS

ADDRESS (number and street) ALL SOUTH LAFAYETTE ST

(Check if address is changed) PO BOX 317 LAFAYETTE AL 36862

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

FULLERBAMA@BELLSOUTH.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

FULLER FOR CONGRESS.COM

COMMITTEE'S FAX NUMBER

334-864-1097

2. DATE 05 14 2004

3. FEC IDENTIFICATION NUMBER C00400036

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 Dorothy SHARPE FULLER

Signature of Treasurer Dorothy Sharpe Fuller Date 05 14 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.

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 BELL FULLER

Candidate Party Affiliation DEM Office Sought House Senate President State AL District 03

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

Write or Type Committee Name

FULLER FOR CONGRESS

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 ALEXANDER G WALTON JR CPA PC

Mailing Address 10 2ND AVENUE SE

LAFAYETTE AL 36862

Title or Position CITY STATE ZIP CODE

CERTIFIED Pub ACCT Telephone number 334-864-9664

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 DOROTHY SHARPE FULLER

Mailing Address PO BOX 317

1257 HIGHWAY 77 NORTH

LAFAYETTE AL 36862

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 334-864-7670

Full Name of Designated Agent ALEXANDER GUNN WALTON JR

Mailing Address 10 2ND AVENUE SE

LAFAYETTE AL 36862

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 334-864-9664

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.

FARMERS AND MERCHANTS BANK

Mailing Address

PO BOX 128

LAFAYETTE AL 36862

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.

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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>Jim D</i> PREPARER | 5-17-04 DATE PREPARED |

(5/2004)