

RECEIVED
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PUBLIC

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12PB4M5

MORRELL FOR LOUISIANA

ADDRESS (number and street)

3240 ST BERNARD AVE

(Check if address is changed)

SUITE 108

NEW ORLEANS

LA

70119

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

10 29 2004

3. FEC IDENTIFICATION NUMBER ▶

C00399972

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

JONATHAN HENDERSON

Signature of Treasurer

Jonathan Henderson

Date

10 29 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

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

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

FEC Form 1 (Revised 02/2003)

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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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name of Designated Agent

MEAGHAN, CHARLOWICK

Mailing Address

1209, HARMONY B.

N

NEW ORLEANS

LA

70115

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

504-231-4593

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 202
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0922

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

10/29/04

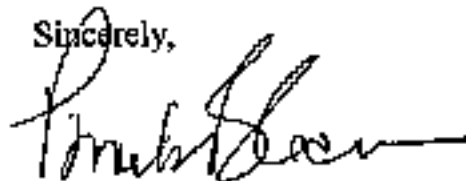
Mr. Jonathan Henderson
Morrell for Louisiana
3200 Saint Bernard Avenue, Suite 108
New Orleans, LA 70119

Dear Mr., Henderson:

I am writing to advise you that the Senate Office of Public Records has received a facsimile transmission of your report filed pursuant to the Federal Election Campaign Act, as amended. A facsimile transmission is an unacceptable filing because it does not constitute the original report with an original signature. Please provide an original report in order to satisfy the requirements of the aforementioned Act.

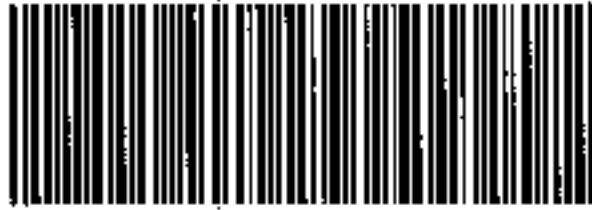
A copy of this letter will be included on the public record with your facsimile transmission. Please do not hesitate to contact the Public Records Office at the number shown above should you have any questions.

Sincerely,



Pamela B. Gavin,
Superintendent

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