

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

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

ADDRESS (Home or street) (Check if address is changed)
PO BOX 4978
WINDHAM NH 03087
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
cle20142@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
http://www.clemonsforcongress.com/

COMMITTEE'S FAX NUMBER

2. DATE ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
12 / 16 / 2005

3. FEC IDENTIFICATION NUMBER **C C00416248**

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 **ELLIOT LASKEY**

Signature of Treasurer Electronically Filed by **ELLIOT LASKEY** Date ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
12 / 16 / 2005

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

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 BRET MICHAEL MICHAEL GLEMONS

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	NH
						District	02

- (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 A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

CLEMONS 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 BRET MICHAEL MICHAEL CLEMONS

Mailing Address 43 OVERTON ROAD

WINDHAM

NH

03087 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CANDIDATE

Telephone number 603 - 896 - 3172

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 ELLIOT LASKEY

Mailing Address 5 MANSFIELD ROAD

NASHUA

NH

03062 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 603 - 866 - 5557

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.

CITIZENS BANK

Mailing Address

1 CAPITAL PLAZA

CONCORD

NH

03301

CITY Δ

STATE Δ

ZIP CODE Δ