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*A PROFESSIONAL LAW CORPORATION
(1) ALSO ADMITTED IN TEXAS
(2) ALSO ADMITTED IN ILLINOIS
(3) ALSO ADMITTED IN WISCONSIN

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MELVIN D. ALBRITTON
MELANIE C. LOCKETT

July 2, 2010

Federal Election Committee
999 E Street N.W.
Washington, D.C. 20463

Re: Transmittal for filing of FEC Form - 1 for Louisiana Truth PAC
Our File No.: 7444-01-015

To whom it may concern:

I enclose FEC Form - 1 on behalf of the Louisiana Truth PAC, which I ask that you file as the law provides. Please reply with confirmation that this has been properly filed and the Committee ID.

If there are any questions about this, please contact me.

Sincerely yours,

LOWE, STEIN, HOFFMAN,
ALLWEISS & HAUFER, L.L.P.


GREGORY S. MARSIGLIA

GSM/apb
Enclosure

cc: Stuart H. Smith, Esq. (w/enclosure)
Jimmy Burland, J.D. (w/enclosure)
Mark S. Stein, Esq. (w/enclosure)

10030361009

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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. 12FE4M5

Louisiana Truth PAC

ADDRESS (number and street) 516 St. Peter Street

(Check if address is changed) New Orleans LA 70116

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
 (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

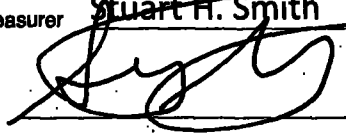
2. DATE 06 / 22 / 2010

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 Stuart H. Smith

Signature of Treasurer 

Date 06 / 22 / 2010

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.

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

Louisiana Truth PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for Name of Any Connected Organization]

Mailing Address

[Empty grid lines for Mailing Address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Stuart H. Smith, Esq.

Mailing Address

516 St. Philip Street

[Empty grid lines for Mailing Address]

New Orleans

LA

70116

Title or Position

CITY

STATE

ZIP CODE

Member

Telephone number

504

593

9600

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

Stuart H. Smith

Mailing Address

516 St. Philip Street

[Empty grid lines for Mailing Address]

New Orleans

LA

70116

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

504

593

9600

10030361012

Full Name of Designated Agent

Stuart H. Smith

Mailing Address

516 St. Philip Street

New Orleans

CITY

LA

STATE

70116

ZIP CODE

Title or Position

Designated Agent

Telephone number

504 - 593 - 9600

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

228 Saint Charles Avenue

New Orleans

CITY

LA

STATE

70130

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030361013

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/8/10
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMN
 PREPARER

7/8/10
 DATE PREPARED

10030361014