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	hould be filed after the Committee qualifies as a loof COMMITTEE IN FULL A Health Service & Indemnity Compa		PEC MAI		
	ield of Louisiana PAC	ing arbra blac cross		ص ر ر د	
` '	r and Street Address	2. FEC IDENTIFICATION	ON MOMBER .		
5525 Reitz Avenue			C00651265	₽ 27	
(c) City, State and ZIP Code Baton Rouge, LA 70809			3. TYPE OF COMMITT	TEE (check one)	
	 	OTHER			
	nat one of the following situations is corre	, .			
	TUS BY AFFILIATION: The committee s and simultaneously	submitted its Statement of qualified as a multican	•	•	
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Com	mittee Name:				
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FEC	Identification Number:				
	Name	Office Sought	State/District	T	
				Date	
(i)	Ralph Abraham	Representative	LA / 05	2/20/18	
(i)			LA / 05		
(i) (ii)	Ralph Abraham	Representative Senator Representative		2/20/18	
(i) (ii) (iii)	Ralph Abraham John Kennedy Mike Johnson	Representative Senator Representative	LA: manada me	2/20/18	
(i) (ii) (iii) (iv)	Ralph Abraham John Kennedy Mike Johnson	Representative Senator Representative	LA / 04	2/20/18 3/26/18 4/3/18	
(i) (ii) (iii) (iv) (v)	Ralph Abraham John Kennedy Mike Johnson Cedric Richmond Clay Higgins	Representative Senator Representative Representative Representative	LA / 04 LA / 02 LA / 03	2/20/18 3/26/18 4/3/18 5/14/18	
(i) (ii) (iv) (v) (b) Co on	Ralph Abraham John Kennedy Mike Johnson Cedric Richmond Clay Higgins	Representative Senator Representative Representative Representative ontribution from its 51st	LA / 04 LA / 02 LA / 03	2/20/18 3/26/18 4/3/18 5/14/18 6/1/18	
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(i) (ii) (iv) (v) (b) Coon (c) Re sul (d) Qu	Ralph Abraham John Kennedy Mike Johnson Cedric Richmond Clay Higgins htributors: The committee received a continuous service of the committee has been recommitted on: 7/26/2018 calification: The committee met the above	Representative Senator Representative Representative Representative ontribution from its 51st	LA / 04 LA / 02 LA / 03 contributor onths. FEC FORM1 v	2/20/18 3/26/18 4/3/18 5/14/18 6/1/18	

For further information contact: FEC FORM 1M (Revised 1/2001) Federal Election Commission, Washington, DC 20463

Toll-free 800-424-9530 Local 202-694-1100

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

NOTE: OB: 18, DB: OOVINOUS

Louisiana 🕷 AHN: Rodney Rone

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of	6-13-18
PREPARER (3/2015)	DATE PREPARED