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STATEMENT OF

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FORM 1		ORGANIZ	ATIO	ON	POI2 NOV FEC. MA	-5 AM 9:	34 Inly	
NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M	• •	.K	
LOUISIAN	A SENA	TORIAL CA	ŲÇĻ	S				لـــا
ADDRESS (number ar	nd street)	P. O. BOX 83	94					لب لــــا
(Check if ad is changed)	idress	DELRAY BEA	\CH		FL	33482	<u> </u>	
			CITY		STATE	ZIP	CODE	
COMMITTEE'S E-MA (Check if is changed	address	Please provide only one o			ıses@y	ahoo.co	ɔm	<u>ш</u>
COMMITTEE'S WEB	PAGE ADDRE	SS (URL)						
(Check if a is changed								
2. DATE 10	~ 29°	′ 2012						
3. FEC IDENTIFIC	CATION NUME	BER C						
4. IS THIS STATEM	MENT 🗵	NEW (N) OR		AMENDED (A)				
I certify that I have e	xamined this S	Statement and to the bes	st of my	knowledge and belief i	t is true, corre	ct and comple	te.	
Type or Print Name of	of Treasurer	RICHARD K	EVII	NSTON				
Signature of Treasure	or Ke	The state of the s			Date 1)" ′ 2 9°	[′] 2012	ž [*]
NOTE: Submission of t		, or incomplete information CHANGE IN INFORMAT	-			•	of 2 U.S.C. §	}437g.
Office Use Only				For further information of Federal Election Commissi Toll Free 800-424-9530			FORM 1 d 02/2009)	

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name Cand			
Cand Party	idate Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	in 1968 a di Personala mindan di Part di Personala manda a di Antono di Personala manda di Personala mindan di
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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.	Cocporative
(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least bbe of which is an authorized committee of a fedural candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	·
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	3.	FEC ID number C	
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FEC Form 1 (Rev	rised 02/2009)	Page 3
Write or Type Committee		
LOUISIANA S	SENATORIAL CAUCUS	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor
NONE		111111111
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conf	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records books and records. 	s: Identify by name, address (phone number optional) and position of the person	on in possession of committee
IRIC	ÇHARD KEVINSTON	
ruii Name	_I P. O. BOX 8394	
Mailing Address		
	DELRAY BEACH	33482 -
Title or Position	CITY STATE	ZIP CODE
GOVERNMENT	T,RELATIONS DIRECTOR _{I Telephone number} 561	1 1045 1 12234 1
	Telephone number	9452234
	ne and address (phone number optional) of the treasurer of the committee; an e.g., assistant treasurer).	d the name and address of
Full Name , R10	CHARD KEVINSTON	
of Treasurer	IP. O. BOX 8394	
Mailing Address	<u> </u>	
	DELRAY BEACH	33482 . !_! !
	CITY STATE	ZIP CODE
Title or Position	Telephone number 561	_ 945, _ 2234 ,
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FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
			<u> </u>
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone n	umber	
	·		
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(3/2005)

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