

**LOUISIANA SHERIFFS' AND DEPUTIES'
POLITICAL ACTION COMMITTEE**



June 14, 2000

Mr. Thomas Maxwell, III
Federal Election Commission
999 E Street, NW
Washington, DC 20463

RECEIVED
FEC MAIL ROOM
2000 JUN 19 P 2:09

Dear Mr. Maxwell:

Pursuant to our conversation on Tuesday, June 13, 2000, please find enclosed an amended copy of our Form 1 reflecting the changes needed to the name of the committee. As I stated, our board is not yet fully formed and I will file another amended Form 1 at the time when officers have been elected.

Should need any additional information, please feel free to contact me. Thank you for your attention to this matter.

Sincerely,

A.R. "Trey" Hodgkins, III
Assistant Treasurer

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Louisiana Sheriffs' Association - Louisiana Sheriffs' & Deputies' Political Action Committee	2. DATE June 14, 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1175 Nicholson Dr	3. FEC Identification Number C00357905
(c) City, State and ZIP Code Baton Rouge, LA 70802	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

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

(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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Louisiana Sheriffs' Association	1175 Nicholson Dr Baton Rouge, LA 70802	connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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
A.R. "Trey" Hodgkins, III	1175 Nicholson Dr, Baton Rouge, LA 70802	Asst. Treasurer

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	Mailing Address	Title or Position
Asst. Treas. A.R. "Trey" Hodgkins, III	1175 Nicholson Dr, Baton Rouge, LA 70802	

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.	Mailing Address and ZIP Code
Bank One	P.O. Box 3399, Baton Rouge, LA 70821

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	SIGNATURE OF TREASURER	DATE
A.R. "Trey" Hodgkins, III		06-14-2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437v. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has 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"/> First Class Mail	POSTMARKED 6-7-00
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SEL</i>	 6-20-00
PREPARER	DATE PREPARED