### 3031112060

FEC FORM 1

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Use

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#### STATEMENT OF ORGANIZATION

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FEC FORM 1

(Revised 06/2012)

			Office Use One / PM 10: 28
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER
Committee	of the 500	uth	
ADDRESS (number and street)	P.O. B . X	4385	
(Check if address is changed)			
	BAHON R	ouge	ZA 70821- ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	Miss PAT BO	Riecox, Net	·
	Optional Second E-Mail Ad	ddress	1
		<del>                                      </del>	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)		
(Check if address is changed)			
		1 1 1 1 1 1 1 1 1 1	
2. DATE 08 2	6 2013		
3. FEC IDENTIFICATION N	IUMBER ► C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	er MARY C	. HOFFMAN	
Signature of Treasurer	myfr		Date 08 26 2013
NOTE: Submission of false, error	·	n may subject the person signing	this Statement to the penalties of 2 U.S.C. §437g. NITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

		1 age 2
		OMMITTEE
Can	didate	Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	7 7	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		
Candi Party	idate Affiliati	Office State on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi	-	
Part	y Con	nmittee:
(d)	X	This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.
Polit		ction 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, thie committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	t Fund	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number
		The state of the s

V	Write or Type Committee Name	!				
— 6.	Name of Any Connected (	Organization, Affiliated Committee, Joint F	Fundraising Repre	esentative, o	r Leadership PA	C Sponsor
	) EMOCIRIAHI'E	PARITY OF MARK	ANSASI	1111		
L	1 1 1 1 1 1 1 1 1					
	Mailing Address	11300 WEST CAP	i tol A	44		
				1111		
		LiHHIE RUCKI		1AR	72201	
		CITY		STATE	ZIP C	ODE
	Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising	Representativ	re Leadershi	p PAC Sponsor
•	Custodian of Records: Identification books and records.	ntify by name, address (phone number op	ptional) and position	on of the pers	son in possessio	n of committee
	Full Name		1 1 1 1 1	1 1 1 1		111
	Mailing Address		11111	1:11	<del></del>	
			<u> </u>	1111		<del></del>
						- <u>                                    </u>
	Title or Position	CITY		STATE	ZIP C	ODE
			Telephone num	ber		-
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the	committee; a	nd the name and	d address of
	Full Name of Treasurer					
	Mailing Address					1 1 1
					لىسىا	
	Title or Position	CITY		STATE	ZIP C	ODE
ı			Telephone num	ber		

Write or Type Committee Na	me		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint F		eadership PAC Sponsor
DEMOCRATIC	Executive Commi	Helel Olt Hor	10h1   1110h
Mailing Address	RIY ISOUTH BROD	10419H   ST   1	
	TIAL 44AHAISSEET	1111 71 1	3234/1-
	CITY	STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	dentify by name, address (phone number op	otional) and position of the person	n in possession of committee
Full Name			
Mailing Address			
		ا ليا لييب	
Title or Position	CITY	STATE	ZIP CODE
<u> </u>		Telephone number	اــــا-لـــا
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the s., assistant treasurer).	e treasurer of the committee; and	the name and address of
Full Name of Treasurer	<u> </u>		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	J-L

Write or Type Committee Name	•		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint F	Fundraising Representative	e, or Leadership PAC Sponsor
GREGRAIA 1 76	DERMY I Flech by	\$ 1   Commit	tek_111111111
Mailing Address	POBOXIRPHYN		
	AHLANTAIIII	GA	30325
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	tify by name, address (phone number o	ptional) and position of the	person in possession of committee
Full Name			
Mailing Address			
		1.	
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the committe	e; and the name and address of
Full Name of Treasurer	<u>                                      </u>		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	

Write or Type Committee Name

6. Name of Any Conne	ected Organization, Affiliated Committee, Joint F	undraising Representative, or	Leadership PAC Sponsor
KEN tuck	YI I SHATE I DEMOCRA	ticl Central &	X Ecutive   amad
Mailing Address	RO BOX 1694 1		
	FRANK FORT		406021-
	CITY	STATE	ZIP CODE
Relationship: Cor	nnected Organization Affiliated Committee	Joint Fundraising Representativ	e Leadership PAC Sponsor
7. Custodian of Record books and records.	ls: Identify by name, address (phone number op	ntional) and position of the pers	on in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
	ame and address (phone number optional) of the (e.g., assistant treasurer).	e treasurer of the committee; a	nd the name and address of
Full Name of Treasurer			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	

٧	Vrite or Type Committee Name			
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundrai	sing Representative, or Leade	rship PAC Sponsor
Ĺ	DEMOCRATIO	State Cantrant Co	ommittee!	g 12 A 1 1 1
L		1   1   1   1   1   1   1   1   1   1		
	Mailing Address	PO BOX 4385		
		BAFON ROUSE !!!	1 2A 17	0821-
	•	CITY	STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fi	undraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional)	and position of the person in p	possession of committee
	Full Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
		<u> </u>	phone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasussistant treasurer).	urer of the committee; and the	name and address of
	Full Name of Treasurer			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
1		Telep	phone number	

w	Write or Type Committee Name		
6.	Name of Any Connected O	erganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor	_
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	Mailing Address	PO 1 BOX 1583 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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		5/ACKSON 11 11 11 11 11 11 11 11 11 11 11 11 11	
		CITY STATE ZIP CODE	
	Relationship: Connected	Organization XAffiliated Committee Joint Fundraising Representative Leadership PAC Spons	sor
		Will make some light of the second of the se	
<u> </u>	Custodian of Records: Ident books and records.	atify by name, address (phone number optional) and position of the person in possession of committee	 ee
	Full Name		<u>ا</u>
	Mailing Address	1	_
		1	_
	Title or Position	CITY STATE ZIP CODE	
		Telephone number	_
8.	Treasurer: List the name and any designated agent (e.g., as	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).	
	Full Name of Treasurer		لــ
	Mailing Address		
			لـ
	Title or Position	CITY STATE ZIP CODE	
1		Telephone number	لـ

١	Vrite or Type Committee Nai	me			
6.	Name of Any Connected	l Organization, Affiliated Committee, Joint	Fundraising Represe	entative, or Leac	dership PAC Sponsor
Ц	NORTH ICIAR	OliNA DEMOCRALI	L PARATY	+ FEDE	7e/ALL
L					
	Mailing Address	220 HILLBBORDE	164 91		
		RALFIGH !!!		NO 2	7693-
		CITY	S	STATE	ZIP CODE
	Relationship: Connec	ted Organization XAffiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Sponsor
	· <del></del>	· · · · · · · · · · · · · · · · · · ·	····		
7.	Custodian of Records: lo books and records.	dentify by name, address (phone number o	optional) and position	of the person in	possession of committee
	Full Name				
	Mailing Address				
			ا لىسى	ــا لـــ	
	Title or Position	CITY	ST	TATE	ZIP CODE
			Telephone numbe	er	السا-لسا
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the control of the contr	ne treasurer of the co	ommittee; and the	e name and address of
	Full Name of Treasurer				
	Mailing Address				
	Title or Position	CITY	ST	TATE	ZIP CODE
ı			Telephone number	,r	

W	Vrite or Type Committee Name	е	
<del></del>	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
$\mathcal{D}$	DEMOCRATIC	PARTY OF Soluth CAROLLI	:NR+
L	111111		
	Mailing Address	Pa BOX 5965 1111	
		COA 4mBiA	1 29250-
		CITY STATE	E ZIP CODE
	Relationship: Connected	od Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
r.	Custodian of Records: Iden books and records.	entify by name, address (phone number optional) and position of the	ne person in possession of committee
	Full Name		
	Mailing Address		
			السا-لستا
	Title or Position	CITY STATE	ZIP CODE
		.	
8.	Treasurer: List the name and any designated agent (e.g., a	nd address (phone number optional) of the treasurer of the commi assistant treasurer).	ittee; and the name and address of
	Full Name of Treasurer		
	Mailing Address		
		CITY STATE	ZIP CODE
1	Title or Position	Telephone number	

Page 3
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3
ZIP CODE
dership PAC Sponsor
session of committee
ZIP CODE
ne and address of
ZIP CODE

Write or Type Committee Name

Prganization, Affiliated Committee, Joint Fo	undraising Representati	ive, or Leadership PAC Sponsor
PARTY I WIF I VIRO	GINIALI	
17110 E FRANKE	INISTII	
Bich MOND		
CITY	STATE	ZIP CODE
J Organization Affiliated Committee	Joint Fundraising Represo	entative Leadership PAC Sponsor
ntify by name, address (phone number op	tional) and position of th	e person in possession of committee
Y. C. HOFFM AN		
1PO 1BOX H385		
BAton Rouge	<u> </u>	t 79821 - LIII
CITY	STATE	ZIP CODE
	Telephone number	
d address (phone number optional) of the assistant treasurer).	treasurer of the commit	tee; and the name and address of
214 C HOPFMAN	<u> </u>	
P 0 BOH H 385		
Butan Rose	<u> </u>	
177197 110454		f [79821]-L
CITY	STATE	ZIP CODE
	PARTY OF VIRO  PARTY OF VIRO  RICH MOND  CITY  Organization XAffiliated Committee  Affiliated Committee  CITY  CIT	CITY STATE  If Organization Affiliated Committee Joint Fundraising Representitify by name, address (phone number optional) and position of the Policy Box H385  CITY STATE  Telephone number optional) of the treasurer of the commit assistant treasurer).

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(8/2013)

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