

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Isle of Capri Casinos, Inc. Political Action Committee

ADDRESS (number and street)

600 Emerson Road

(Check if address is changed)

Suite 300

Creve Coeur

MO

63141

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Donn_Mitchell@islecorp.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2283962634

2. DATE

MM / DD / YYYY
03 / 09 / 2006

3. FEC IDENTIFICATION NUMBER

C C00323311

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

Donn Mitchell

Signature of Treasurer

Electronically Filed by Donn Mitchell

Date

MM / DD / YYYY
11 / 13 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Isle of Capri Casinos, Inc.

Mailing Address **1641 Poppo Ferry Road**
Suite B
Biloxi **MS** **39532**
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Isle of Capri Casinos, Inc. Political Action Committee

- 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 **Donn Mitchell**

Mailing Address **2554 Oak Springs Lane**

Town & Country **MO** **63131** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

CFO Telephone number **228** - **396** - **7052**

- 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 **Donn Mitchell**

Mailing Address **2554 Oak Springs Lane**

Town & Country **MO** **63131** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

CFO Telephone number **314** - **395** - **1278**

Full Name of Designated Agent

Mailing Address

Town & Country **STATE ▲** **ZIP CODE ▲**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

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.

The Peoples Bank

Mailing Address

1740 Poppo Ferry Road

Biloxi

MS

39532

CITY ▲

STATE ▲

ZIP CODE ▲