The Republican Party of Louisiana

Ms. Darlene Harris
Report Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

RE: Statement of Organization Amendment

Identification Number: C00187450

Dear Ms. Harris,

Please find enclosed an amendment to our Organization Statement to update our banking institution, Executive Director, Custodian of Records and assistant treasurers. If you have any questions regarding this amendment, please feel free to contact me at (504) 383-7234.

Sincerely,

Carrie Fager
Assistant Finance Director
Republican Party of Louisiana

cc: Clayton Davis, Treasurer, Republican Party of Louisiana
Jim Owens, Executive Director, Republican Party of Louisiana

93038652126

650 N. 6th Street Baton Rouge, Louisiana 70802 (504) 383-7234; fax (504) 383-8354

Paid for by the Republican Party of Louisiana

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Republican Party of Louisiana

2. DATE
9/1/93

(b) Number and Street Address ☐ (Check if address is changed)
650 N. 6th Street

3. FEC IDENTIFICATION NUMBER
C00187450

(c) City, State and ZIP Code
Baton Rouge, Louisiana 70802

4. IS THIS STATEMENT AN AMENDMENT?
☒ YES ☐ 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 _____ (name of candidate) and is NOT an authorized committee.

☒ (d) This committee is a State (National, State or subordinate) committee of the Republican (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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
Carrie Fager (504) 383-7234	650 N. 6th St., Baton Rouge Louisiana 70802	Assistant Finance Directo

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
Clayton Davis Jim Owens Carrie Fager	650 N. 6th Street Baton Rouge, LA 70802	Treasurer Executive Director Assist. Fin. Dir.

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
Sunburst Bank	P.O. Box 2710, 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
Clayton Davis	Clayton Davis	9/1/93

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

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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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.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 10-5-93
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SLB.
PREPARER

10-13-93
DATE PREPARED

FEC FORM 70-2 (12/92)

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