Image# 201608019022164193				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ	_		
1. NAME OF	(Check if name	Example:If typing, type		ffice Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
LAMAR CORPC	RATION POLITIC	CAL ACTION CO	OMMITTEE	(LAMARPAC)
	PO BOX 66338			
ADDRESS (number and street)				
(Check if address is changed)				
	BATON ROUGE		LA 708	396
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	KWILLIAMS@LAMAR.	COM		
is changed)	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
	01 / Y Y Y Y 2016			
3. FEC IDENTIFICATION N	NUMBER ► C C	00174599		
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 i	t is true, correct and	l complete.
Type or Print Name of Treasur	rer Keith Istre			
Signature of Treasurer	th Istre	[Electronically Filed]	Date 08	01 / Y Y Y Y 01 2016
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commi information below.)	ttee. (Complete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House Senate Pr	State resident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized com	nmittee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line	e 6.) Its connected organization is
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 s committee. (i.e., nonconnected committee)	eparate 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, at least one of which is an authorized committee of a federal of	
(h) This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, none of which is an authorized committee of a federal candida	
Committees Participating in Joint Fundraiser	
1 FEC ID number	C
2 FEC ID number	C
3 FEC ID number	C
4 FEC ID number (

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

LAMAR CORPORATION POLITICAL ACTION COMMITTEE (LAMARPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N				
	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	Affiliated Committee	Joint Fundraising Representative	eadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number op	tional) and position of the person in po	ossession of committee
	Full Name			
	Mailing Address			
	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 committee; and the na	ame and address of
	Full Name Keith Istre of Treasurer			
	Mailing Address	5321 Corporate Blvd.		
		Baton Rouge CITY	LA 70808 STATE	
	Title or Position Treasurer		Telephone number	926 1000

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	1							 	_
Mailing Address																									
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						CI	ΓY								STA	ΤE				ZIF	Р С	OD	E		
Title or Position																									
										Tele	eph	one	e ni	umt	ber] – [

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.

MidSo	puth Bank		
Mailing Address	6919 Corporate Blvd.		
	Baton Rouge)9
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE