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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. **12FE4M5**

Abrahams Committee For Excellence Political Action Committee (ACEPAC)

ADDRESS (number and street) **Post Office Box 14072**

(Check if address is changed) **Monroe** **LA** **71218**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) **acepac2015@gmail.com**

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE **01'06'2015**

3. FEC IDENTIFICATION NUMBER **C**

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 **Shane Bridges**

Signature of Treasurer *Shane Bridges* Date **01'06'2015**

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.

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