

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Officer Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

LOUISIANA SHERIFFS' ASSOCIATION - LOUISIANA SHERIFFS' & DEPUTIES' POLITICAL ACTION CMTE

ADDRESS (Home or street)

1175 NICHOLSON DR

(Check if address is changed)

BATON ROUGE

LA

70802

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

thodgkins@librs.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.lsa.org/Louisiana_Sheriffs_Association/LASHADPAC/lashadpac.html

2. DATE

05 / 10 / 2002

3. FEC IDENTIFICATION NUMBER

C00357905

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Mr. Mike Gazes

Signature of Treasurer

Electronically Filed by Mr. Mike Gazes

Date

05 / 10 / 2002

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

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110

FEC FORM 1
(Revised 1/2001)

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

LOUISIANA SHERIFFS' ASSOCIATION - LOUISIANA SHERIFFS' & DEPUTIES' POLITICAL ACTION CMTE _____

Mailing Address _____ 1175 NICHOLSON DR _____

_____ BATON ROUGE _____ LA _____ 70802 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ **Affiliated** _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative |

Write or Type Committee Name

LOUISIANA SHERIFFS' ASSOCIATION - LOUISIANA SHERIFFS' & DEPUTIES' POLITICAL ACTION CMTE

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 Mr. Allen R Hodgkins, III

Mailing Address 1175 Nicholson Dr

Baton Rouge LA 70802

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. Treasurer Telephone number 225 - 387 - 8739

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 Mr. Mike Cazes

Mailing Address 1175 Nicholson Dr

Baton Rouge LA 70802

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 225 - 349 - 8402

Full Name of Designated Agent _____

Mailing Address _____

_____ - _____

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.

Bank One

Mailing Address

P.O. Box 3399

Baton Rouge

LA

70821

CITY Δ

STATE Δ

ZIP CODE Δ