Only

STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Leadership America PAC 216 Riverview Dr ADDRESS (number and street) (Check if address is changed) Natchez 71456 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS verzwyveltsteve@gmail.com (Check if address is changed) Optional Second E-Mail Address verzwyveltsteve@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2014 C00556613 FEC IDENTIFICATION NUMBER > 3. X 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. Verzwyvelt, Steve, , , Type or Print Name of Treasurer Verzwyvelt, Steve, , , [Electronically Filed] 01 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	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. (Cominformation below.)	plete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Tal.	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gragated fund or party
(f)	×	committee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
Leadership Am		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Leadership America F	PAC-LA 	
Mailing Address	3125 Wilshire Dr	
Mailing Address	#B	
	Baton Rouge LA 70806	
	CITY STATE Z	IP CODE
Relationship: Connecte	ed Organization 🕱 Affiliated Committee 🔲 Joint Fundraising Representative 📗 Lead	lership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in posse	ession of committee
DOOKS and records.		
Full Name		
Mailing Address		
J		
Title or Position	CITY STATE Z	IP CODE
	Telephone number =	
B. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam- assistant treasurer).	e and address of
	elt, Steve, , ,	1
of Treasurer	3124 Wilshire Dr.	
Mailing Address		
	Apt. B	
	Baton Rouge LA 70806	
Title or Position Treasurer	CITY STATE ZI	IP CODE
		I

FEC Forn	1 (Revised 02/2009)	Page 4
Full Name of Designated	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Agent		
Mailing Address		
Tiple 5 11	CITY STATE	ZIP CODE
Title or Position	Tolophono number	, [_]
	Telephone number	
Mailing Address	Capital One Bank 3110 College Dr. Baton Rouge LA 70808	
	CITY STATE	ZIP CODE
Name of Bank,		
Mailing Address		
Mailing Address		
Mailing Address		

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

n). Joint Fundraising			1	FF0 :5		
1.				FEC ID nur		
2.				FEC ID nur		
3.				FEC ID nur	nber (
4.				FEC ID nur	nber (
ame of Any Connected C		ted Committee, J	loint Fundrai	sing Represe	ntative,	or Leadership PAC Sp
Leadership Americ	a PAC-NC					
Mailing Address	3125 Wilshire Dr.					
	#B					
	Baton Rouge				-A	70806
Relationship:		CITY 🛦		STA	TE A	ZIP CODE A
	Organization X A	ffiliated Committee	Joint F	Fundraising Rep	resentativ	ve Leadership PAC
Connected esignated Agent: Identify				Fundraising Rep	resentativ	ve Leadership PAC
Connected esignated Agent: Identify Full Name				Fundraising Rep	resentativ	ve Leadership PAC
Connected esignated Agent: Identify				Fundraising Rep	resentativ	Leadership PAC
Connected esignated Agent: Identify Full Name				Fundraising Rep	resentativ	
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (optional)			Leadership PAC
Connected esignated Agent: Identify Full Name	by name, address (phone number –	optional)			
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – o	optional)	STAT ephone Numbe		ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main ame of Bank,	by name, address (phone number – o	optional)	STAT ephone Numbe		ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – o	optional)	STAT ephone Numbe		ZIP CODE A