

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

RALPH ABRAHAM FOR CONGRESS

ADDRESS (number and street) P.O. BOX 14062

(Check if address is changed)

Monroe CITY ▲ LA STATE ▲ 71207 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

RALPH@RALPHABRAHAM.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.ralphabraham.com

2. DATE 03 / 11 / 2015

3. FEC IDENTIFICATION NUMBER ▶ C C00563940

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 Carol Lobrano

Signature of Treasurer Carol Lobrano [Electronically Filed] Date 03 / 12 / 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.

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Dr. Ralph Lee Abraham Jr.

Candidate Party Affiliation REP Office Sought: House Senate President State LA District 05

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - 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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

RALPH ABRAHAM FOR CONGRESS

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

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

Mailing Address PO BOX 30844

BETHESDA MD 20824

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Ashley Morris

Mailing Address P.O. Box 14082

Monroe LA 71207

CITY STATE ZIP CODE

Title or Position Finance Assistant Telephone number 318 - 680 - 9554

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 Carol Lobrano

Mailing Address 2395 Hwy 15

Rayville LA 71269

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 318 - 235 - 3882

Full Name of Designated Agent

Jodee Bruyninckx

Mailing Address

Post Office Box 14082

Monroe

CITY

LA

STATE

71207

ZIP CODE

Title or Position

Finance Team Lead

Telephone number

318

347

9223

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.

Cross Keys Bank

Mailing Address

1913 Julia Street

Rayville

CITY

LA

STATE

71269

ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

7901 Wisconsin Avenue

MD1010

Bethesda

CITY

MD

STATE

20814

ZIP CODE