

# 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

04 / 13 / 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 Chad Elias

Signature of Treasurer

Chad Elias

[Electronically Filed]

Date

04 / 13 / 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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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 Chad Elias

Mailing Address Post Office Box 14062

Monroe LA 71207

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 318 348 0784

Full Name of Designated Agent Jodee Bruyninckx

Mailing Address Post Office Box 14082
Monroe LA 71207
CITY STATE 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 LA 71269
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address 7901 Wisconsin Avenue
# MD1010
Bethesda MD 20814
CITY STATE ZIP CODE