

RECEIVED

LA Forward, Inc.
PO Box 104
Baton Rouge, LA 70821

2011 OCT 11 AM 10:07
FEC MAIL CENTER

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Tara Saxon,
Treasurer

11030670703

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2010 OCT 11 AM 10:07
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

LA FORWARD, INC.

ADDRESS (number and street)

PO BOX 104

(Check if address
is changed)

BATON ROUGE

LA

70821

0104

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

MICHAELC@CAJUNUSA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

10 / 3 / 2011

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

TARA SAXON

Signature of Treasurer

Date

10 / 06 / 2011

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 02/2009)

11030670704

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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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 | <input type="text"/> |
| 2. | _____ | FEC ID number | <input type="text"/> |
| 3. | _____ | FEC ID number | <input type="text"/> |
| 4. | _____ | FEC ID number | <input type="text"/> |

11030670705

Write or Type Committee Name

LA FORWARD, INC.

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

NONE

Mailing Address

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

TARA SAXON

Mailing Address

PO BOX 104

BATON ROUGE

LA

70821

0104

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

225

753

5857

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

TARA SAXON

Mailing Address

PO BOX 104

BATON ROUGE

LA

70821

0104

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

225

753

5857

11030670706

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

11030670707

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.

WHITNEY NATIONAL BANK

Mailing Address

445 NORTH BOULEVARD

[Empty grid for Mailing Address line 2]

BATON ROUGE LA 70802

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed-Ex</i> | Shipping Date <i>10/7/11</i> |
| Next Business Day Delivery <input type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

AmW
 PREPARER
 (3/2005)

10/11/11
 DATE PREPARED

11030670708