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(2) ALSO ADMITTED IN ILLINOIS
(3) ALSO ADMITTED IN WISCONSIN

July 28, 2010

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

Re: Transmittal for filing of FEC Form - 1 for Louisiana Truth PAC
Our File No.: 7444-01-015

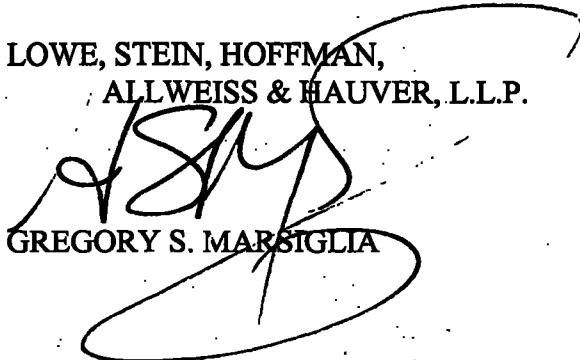
To whom it may concern:

I enclose FEC Form - 1 on behalf of the Louisiana Truth PAC, which I ask that you file as the law provides. Please reply with confirmation that this has been properly filed and the Committee ID.

If there are any questions about this, please contact me.

Sincerely yours,

LOWE, STEIN, HOFFMAN,
ALLWEISS & HAUVER, L.L.P.


GREGORY S. MARSIGLIA

GSM/apb
Enclosure

cc: Stuart H. Smith, Esq. (w/enclosure)
Jimmy Burland, J.D. (w/enclosure)
Mark S. Stein, Esq. (w/enclosure)

10030400715

2010 AUG -3 AM 7:58

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

L o u i s i a n a T r u t h P A C

ADDRESS (number and street)

5 1 6 S a i n t P h i l i p S t r e e t

(Check if address
is changed)

N e w O r l e a n s

L A

7 0 1 1 6

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

0 7

1 9

2 0 1 0

3. FEC IDENTIFICATION NUMBER

C 0 0 4 8 5 8 5 4

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

Stuart H. Smith

Signature of Treasurer

Date

0 7

1 9

2 0 1 0

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)

10030400716

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 checked="" type="checkbox"/> | _____ |
| 2. | _____ | FEC ID number | <input checked="" type="checkbox"/> | _____ |
| 3. | _____ | FEC ID number | <input checked="" type="checkbox"/> | _____ |
| 4. | _____ | FEC ID number | <input checked="" type="checkbox"/> | _____ |

10030400717

Write or Type Committee Name

Louisiana Truth PAC

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

S, t, u, a, r, t, H, ., S, m, i, t, h

Mailing Address

5, 1, 6, S, a, i, n, t, P, h, i, l, i, p, S, t, r, e, e, t

[Empty grid lines for mailing address]

N, e, w, O, r, l, e, a, n, s, L, A, 7, 0, 1, 1, 6

Title or Position

CITY

STATE

ZIP CODE

T, r, e, a, s, u, r, e, r

Telephone number 5, 0, 4 - 5, 9, 3 - 9, 6, 0, 0

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

S, t, u, a, r, t, H, ., S, m, i, t, h

Mailing Address

5, 1, 6, S, a, i, n, t, P, h, i, l, i, p, S, t, r, e, e, t

[Empty grid lines for mailing address]

N, e, w, O, r, l, e, a, n, s, L, A, 7, 0, 1, 1, 6

Title or Position

CITY

STATE

ZIP CODE

T, r, e, a, s, u, r, e, r

Telephone number 5, 0, 4 - 5, 9, 3 - 9, 6, 0, 0

10030400718

Full Name of Designated Agent

J i m m y B u r l a n d

Mailing Address

1 3 1 4 4 P e r k i n s R o a d

S u i t e A

B a t o n R o u g e L A 7 0 8 1 0

CITY

STATE

ZIP CODE

Title or Position

A s s i s t a n t T r e a s u r e r

Telephone number

2 2 5 - 7 6 3 - 8 9 8 8

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.

W h i t n e y N a t i o n a l B a n k

Mailing Address

2 2 8 S a i n t C h a r l e s A v e n u e

N e w O r l e a n s L A 7 0 1 3 0

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030400719

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/28/10

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm D
 PREPARER

8/3/10
 DATE PREPARED

10030400720