FEC

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FIGHTING FOR LOUISIANA 175 MISSLE HILL ROAD ADDRESS (number and street) (Check if address is changed) SANTA ROSA BEACH 32459 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tres@fightingforlouisiana.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.fightingforlouisiana.com (Check if address is changed) DATE 04 2016 C00618074 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. Type or Print Name of Treasurer Tres Patten [Electronically Filed] 80 2016 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 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
TYP	E OF C	OMMITTEE	1 ago 2			
Car	ndidate	e 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.)				
Nam Cand	e of didate					
	didate y Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	ty Committee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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.)				
Join	t Func	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo 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 02/2009)	Page 3
Write or Type Committee Name	i age u
FIGHTING FOR LOUISIANA	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE	
	<u> </u>
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records. 	n in possession of committee
Tres Patten Full Name	
Mailing Address	
Santa Rosa Beach	2459
Title or Position CITY STATE	ZIP CODE
Treasurer 850 Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	the name and address of
Full Name Tres Patten of Treasurer	
Mailing Address 175 Missle Hill Road	
	 , , , , <u>, , , , , , </u>
Santa Rosa Beach FL 32	2459
CITY STATE	ZIP CODE
Title or Position Treasurer Telephone number	0089

	Page 4
Full Name of Designated Agent	
Mailing Address	
CITY STATE ZIP C)-L
Title or Position Telephone number Telephone number]
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds according according to the safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	ounts, rents
Iberiabank	
Mailing Address 601 Poydras St	
Suite 100	
New Orleans LA 70130	
CITY STATE ZIP (CODE
Name of Bank, Depository, etc.	
Mailing Address	
CITY STATE ZIP (CODE