Image# 28993101011

FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                                  |                        |                            |   |                          |             |                           |      |
|---|------------------------|----------------------------|---|--------------------------|-------------|---------------------------|------|
|   |                        | (See instructio            | ns)   |                          |             | Office use only           |      |
| 1. NAME OF COMMITTEE (in                | full) X                | (Check if name is changed) | Example: If typying, over the lines                                     | , type                   | 2FE4M5      |                           |      |
| Friends of Jo                           | hn Fleming             |                            |   |                          |             |                           |      |
|   |                        |                            | <u> </u>  |                          |             |                           |      |
| ADDRESS (number and                     | 228                    | S WASHINGTON               | ST STE 115  |                          |             |                           |      |
| (Check if add                           | ress                   |                            |   |                          |             |                           | шш   |
| is changed)                             | AL                     | EXANDRIA<br>               |   | L                        | YA L        | 22314  <br>               | ш    |
| COMMITTEE'S E-MA                        | AU ADDRESS             |                            | CITY  | ST                       | ATE.        | ZIP CODE                  | •    |
| Ilisker@hdafe                           |                        |                            |   | 1111                     | 1111        | 11111                     | 1    |
|   | 111111                 |                            |   | 1111                     | 1111        | 11111                     |      |
| COMMITTEE'S WEB                         | PAGE ADDRESS           | (URL)                      |   |                          |             |                           |      |
|   | <u> </u>               | 11111                      | <u> </u>  | 1111                     | 1111        | 1 1 1 1 1 1               |      |
|   | 111111                 | 11111                      |   |                          | 1111        | 11111                     |      |
| COMMITTEE'S FAX 7036840683  2. DATE  1. | M / D D /              | Y 2008                     |   |                          |             |                           |      |
| 3. FEC IDENTIFICA                       | ATION NUMBER           | [                          | C C00451211   |                          |             |                           |      |
| 4. IS THIS STATE!                       | MENT NE                | W (N) OR                   | X AMENDE  | ED (A)                   |             |                           |      |
| I certify that I have exam              | nined this Statement a | nd to the best of my kno   | wledge and belief it is true  | , correct and co         | omplete     |                           |      |
| Type or Print Name of                   | Treasurer              | Lisa Lisker                |   |                          |             |                           |      |
| Signature of Treasure                   | r Electronically F     | iled by Lisa Liske         | er  | Dat                      | e <b>11</b> | / 06 / Y                  | 2008 |
| NOTE: Submission of fa                  |                        | ·                          | y subject the person signin   | _                        | •           |                           | g.   |
| Office<br>Use<br>Only                   |                        |                            | For further inf<br>Federal Electio<br>Toll Free 800-4<br>Local 202-694- | n Commission<br>124-9530 | act:        | FEC FOR<br>(Revised 12/20 |      |

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|    | FEC                         | Form 1 (Revised 12/2007)   | Page 2                                  |  |  |  |  |  |
|----|-----------------------------|--|---|--|--|--|--|--|
| 5. | TYPE OF C                   | OMMITTEE (Check One) Committee:  |   |  |  |  |  |  |
|    | (a)                         | This committee is a principal campaign committee. (Complete the candidate information below.)  |   |  |  |  |  |  |
|    | (b) X                       | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)  | he candidate                            |  |  |  |  |  |
|    | Name of<br>Candidate        | JOHN CALVIN JR FLEMING   |   |  |  |  |  |  |
|    | Candidate<br>Party Affiliat | ion REP Office X House Senate President  | State LA District 04                    |  |  |  |  |  |
|    | (c)                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |  |  |  |  |  |
|    | Name of<br>Candidate        |  |   |  |  |  |  |  |
|    | Party Com                   |  |   |  |  |  |  |  |
|    | (d)                         | (National, State This committee is a (or subordinate) committee of the   | (Democratic,<br>Republican,etc.) Party. |  |  |  |  |  |
|    | Political Ac                | Political Action Committee (PAC):  |   |  |  |  |  |  |
|    | (e)                         | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | ed organization is a:                   |  |  |  |  |  |
|    |                             | Corporation Corporation w/o Capital Stock La   | bor Organization                        |  |  |  |  |  |
|    |                             | Membership Organization Trade Association Co   | poperative                              |  |  |  |  |  |
|    | (f)                         | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)  | d fund or party                         |  |  |  |  |  |
|    |                             | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |  |  |  |  |  |
|    | Joint Fundr                 | aising Representative:   |   |  |  |  |  |  |
|    | (g)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | 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.         | or more political                       |  |  |  |  |  |
|    | Con                         | nmittees Participating in Joint Fundraiser   |   |  |  |  |  |  |
|    |                             | 1. FEC ID number   |   |  |  |  |  |  |
|    |                             | 2. FEC ID number   |   |  |  |  |  |  |
|    |                             | 3. FEC ID number   |   |  |  |  |  |  |
|    |                             | 4. FEC ID number   |   |  |  |  |  |  |
|    |                             | FEC ID number  |   |  |  |  |  |  |

|    | FEC Form 1 (Revised 12   | /2007)   |                           | Page 3                     |  |  |
|----|--|--|---------------------------|----------------------------|--|--|
| W  | rite or Type Committee Name  |  |                           |                            |  |  |
|    | Friends of John Fleming  | 3  |                           |                            |  |  |
| 6. | Name of Any Connected Org  | ganization, Affiliated Committee, Leadership PAC   | Sponsor or Joint Fundrais | ing Representative         |  |  |
|    | HOUSE REPUBLICAN CO  | DMBINED NOMINEE FUND   | 1 1 1 1 1 1 1 1           | <u> </u>                   |  |  |
| 1  |  | <u> </u>   | 1 1 1 1 1 1 1 1           | <u> </u>                   |  |  |
|    | Mailing Address  | 228 S WASHINGTON ST STE  | 115                       |                            |  |  |
|    |  |  |                           |                            |  |  |
|    |  | ALEXANDRIA   | <b></b>                   | 22314   _ [                |  |  |
|    |  | CITY   | STATE A                   | ZIP CODE                   |  |  |
|    | Relationship:  |  |                           |                            |  |  |
|    | Connected Organization   | Affiliated Committee Leadership  | o PAC Sponsor X Joint     | Fundraising Representative |  |  |
| 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  228 S. Washington St., Ste. 115 |  |                           |                            |  |  |
|    | Mailing Address  |  |                           |                            |  |  |
|    |  | Alexandria   | _VA                       | 22314                      |  |  |
|    | Title or Position ♥  | CITY A   | STATE                     | ZIP CODE A                 |  |  |
|    | Treasurer  | Tel  | lephone number            |                            |  |  |
| 8. |  | and address (phone number optional) of th<br>designated agent (e.g., assistant treasurer).<br>sker | e treasurer of the commi  | ttee; and the              |  |  |
|    | Mailing Address  | 228 S. Washington St., Ste. 115  |                           |                            |  |  |
|    |  | Alexandria   |                           | 22314                      |  |  |
|    | Title or Position ♥  | CITY A   | STATE <b>▲</b>            | ZIP CODE A                 |  |  |
|    | Treasurer  | To   | elephone number           | _ 549 _ 7705               |  |  |
|    | -  |  |                           |                            |  |  |

| FEC Form 1 (Revised 12/2007)   |  |                                      | Page 4               |  |  |  |  |
|--|--|--------------------------------------|----------------------|--|--|--|--|
| Full Name of<br>Designated<br>Agent  | Keith Davis  |                                      |                      |  |  |  |  |
| Mailing Address  | 228 S. Washington St., S   | 228 S. Washington St., Ste. 115      |                      |  |  |  |  |
|  | Alexandria   |                                      | 22314 –              |  |  |  |  |
| Title or Position ▼  | CITY A   | STATE A                              | ZIP CODE A           |  |  |  |  |
| Assista  | nt Treasurer   | Telephone number 703                 | 5497705              |  |  |  |  |
| Banks or Other Deposite<br>safety deposit boxes or ma<br>Name of Bank, Depository              | aintains funds.<br>/, etc.   | ich the committee deposits funds, ho | lds accounts, rents  |  |  |  |  |
| safety deposit boxes or ma<br>Name of Bank, Depository   | aintains funds.<br>/, etc.   | ich the committee deposits funds, ho | lds accounts, rents  |  |  |  |  |
| safety deposit boxes or ma<br>Name of Bank, Depository   | aintains funds.<br>/, etc.<br>8 <b>&amp;T</b>                        | ich the committee deposits funds, ho | lds accounts, rents  |  |  |  |  |
| safety deposit boxes or ma<br>Name of Bank, Depository   | aintains funds.  |                                      |                      |  |  |  |  |
| safety deposit boxes or ma<br>Name of Bank, Depository   | aintains funds.  7, etc.  1909 K St., NW  Washington  CITY Δ         | DC DC                                | 20006   _            |  |  |  |  |
| safety deposit boxes or ma<br>Name of Bank, Depository  BB  Mailing Address                    | aintains funds.  7, etc.  1909 K St., NW  Washington  CITY Δ         | DC DC                                | 20006   _            |  |  |  |  |
| safety deposit boxes or ma<br>Name of Bank, Depository  BB  Mailing Address                    | aintains funds.  7, etc.  1909 K St., NW  Washington  CITY Δ         | DC STATE 4                           | 20006   _   ZIP CODE |  |  |  |  |
| safety deposit boxes or ma Name of Bank, Depository  Mailing Address  Name of Bank, Depository | aintains funds.  7, etc.  1909 K St., NW  Washington  CITY   7, etc. | DC STATE 4                           | 20006   _   ZIP CODE |  |  |  |  |
| safety deposit boxes or ma Name of Bank, Depository  Mailing Address  Name of Bank, Depository | aintains funds.  7, etc.  1909 K St., NW  Washington  CITY   7, etc. | DC STATE 4                           | 20006   _   ZIP CODE |  |  |  |  |

| Banks or Other Depositories:<br>safety deposit boxes or maintain | List all banks or other depositories in which the committee<br>s funds | e deposits funds, ho | olds accounts, rents             |
|--|--|----------------------|----------------------------------|
| Name of Bank, Depository, etc.                                   | 5.4.166.   |                      | [ ADDITIONAL ]                   |
|  |  |                      |                                  |
| Mailing Address  |  |                      |                                  |
|  |  |                      |                                  |
|  |  |                      |                                  |
|  | CITY 🛕   | STATE <b>⊿</b>       | ZIP CODE 🛕                       |
| Name of Any Connected Orga                                       | unization, Affiliated Committee, Leadership PAC Sponsor                | r or Joint Fundrais  | [ ADDITIONAL sing Representative |
| FLEMING FOR CONGRE   | <b>3S</b>  |                      |                                  |
|  |  | 1 1 1 1 1            |                                  |
| Mailing Address  | P.O. Box 1236  |                      |                                  |
| . J  | BOX 281  |                      |                                  |
|  | Minden   | LA                   | 71058                            |
|  | CITY▲  | STATE A              | ZIP CODE A                       |
| lationship: Connected Organization                               | X Affiliated Committee Leadership PAC Sponso                           |                      | ndraising Representative         |
| Designated Agent   |  |                      | [ ADDITIONAL ]                   |
| Full Name  |  |                      |                                  |
| Mailing Address  |  |                      |                                  |
|  |  |                      |                                  |
|  |  |                      |                                  |
| Title or Position ▼  | CITY A   | STATE▲               | ZIP CODE A                       |
|  | Telephone  | e number             |                                  |
| Joint Fundraiser Participant                                     |  |                      | [ ADDITIONAL ]                   |
|  | FEC  | ID number C          |                                  |

## Image# 28993101016

Form/Schedule:**F1A**Transaction ID:

Per your request for additional information and additional instructions, the Louisiana 04 Nominee Fund has now amended its Statement of Organization to include the name of the General Election Nominee and has changed its committee type from an Other Poltiical Committee to a Candidate Committee.