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STATEMENT OF **ORGANIZATION**

2014 JUL 23 PM 4:52

FEC MAIL CENTER FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) /a@apids.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 07 8 2014 DATE FEC IDENTIFICATION NUMBER 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. Sonva **Jacobs** Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, errobous, 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 02/2009)

Toll Free 800-424-9530

Local 202-694-1100

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	FEC For	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
		e Committee:	
(a)	\boxtimes	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Nam Can	ne of didate	JAMIE MAYO	<u> </u>
	didate y Affiliatio	ion DEM Office Saught: House Senate President	ite LÃ
		Dis	trict US_
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		<u> </u>
Par	ty Con	mmittee:	
(d)		This committee is a (National, State (Democ Republic Repu	ratic, can, etc.) Party.
Pol	itical A	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 Coope	erative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
Joir	nt Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	2.	FEC ID number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	3.		~
	4.		V

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Write or Type Committee Na	me	
JAMIE MAY	FOR CONGRESS	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represent	ntative, or Leadership PAC Sponsor
Mailing Address	CITY S	TATE ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
books and records.	dentify by name, address (phone number optional) and position of	of the person in possession of committee
Full Name	IICA S BROWN	
Mailing Address	300 Washington St Suite 207	
	Monroe L	A 71201 -
Title or Position	CITY STA	ATE ZIP CODE
Custodian	Telephone number	, 318, - 600, - 4060
8. Treasurer : List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the cor., assistant treasurer).	mmittee; and the name and address of
Full Name of Treasurer	ya Jacobs	
Mailing Address	300 Washington St Suite 207	
Title or Position	Monroe L	_A
Treasurer		318 _ 600 _ 4060 _

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Teleph	none number	ــــا-لـــا
	Depositories: List all banks or other depositories in which the oxes or maintains funds. Depository, etc.	committee deposits fu	unds, holds accounts, rents
	IBERIA BANK		
Mailing Address	8019 Desiard St		
		1 1 1 1 1 1	
	Monroe	LA LA	71203
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
		111111	
Mailing Address			
		ليا لي	
	CITY	STATE	ZIP CODE

340-9036 50:2001,900000,70.50.100.7 50:2001,90000,70.50.100.7 50:2001,90000,70.50.100.7 20463 20463-0001-99 9622 0019 0 (000 780 9558) 9 00 7705 9945 0261 FedEx Ship Manager - Print Your Label(s) 7705 9945 0261 Ship Date: 14JUL14 ActWgt 1.0 LB CAD: 106371551/INET3550 Ref# Invoice# PO# Dept# Ship ID BILL SENDER

7/14/2014

From: (318) 600-4060 Monica Brown Accounting Plus LLC Suite 207

300 Washington Street Monroe, LA 71201 US

SHIP TO: (800) 424-9530 Federal Election Commission

999 E ST NW

Washington, DC 20463 US

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PREPÁRER (8/2013)	DATE PREPARED			