

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 AUG 3 11 3:08
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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

THE LOUISIANA COALITION AGAINST RACISM AND NAZISM

ADDRESS (number and street)

36 NERON PLACE

(Check if address is changed)

NEW ORLEANS

CITY ▲

LA

STATE ▲

70118

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

DENOSIEDER @ GMAIL.COM

Optional Second E-Mail Address

SHACHAT 1 @ GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 25 / 2016

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

KAREN CARVIN SHACHAT

Signature of Treasurer

Karen Carvin Shachat

Date

07 / 25 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

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

NON-PROFIT ORGANIZATION

Write or Type Committee Name

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

KAREN CARVIN SHACHAT

Mailing Address

36 NERON PLACE

NEW ORLEANS

LA

70118

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

504-453-4420

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

KAREN CARVIN SHACHAT

Mailing Address

36 NERON PLACE

NEW ORLEANS

LA

70118

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

504-453-4420

2010-08-08 09:00:00 AM 000004-1100

Full Name of Designated Agent

CONSTANTINE SEDER

Mailing Address

6900 SEVEN LOCKS ROAD

CABIN JOHN

CITY

MD

STATE

20818

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

202-288-5027

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.

CAPITAL ONE BANK

Mailing Address

8012 METAIRIE RD

METAIRIE

CITY

LA

STATE

70005

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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DENCO SEDEF PRODUCTIONS
36 NERON PL
NEW ORLEANS, LA 70118
UNITED STATES US

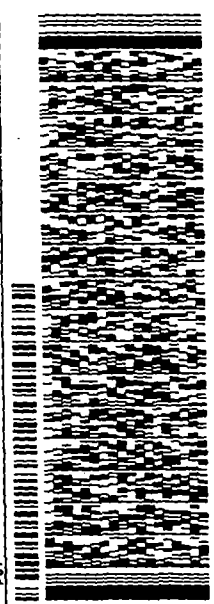
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999 E ST NW

WASHINGTON DC 20463

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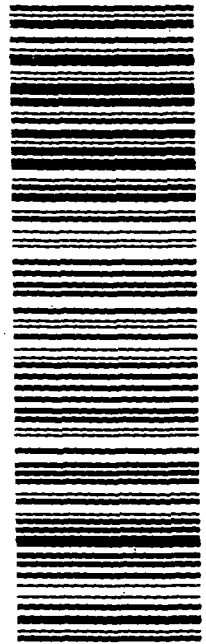


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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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8/5/16
Next Business Day Delivery

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 PREPARER

8/8/16
 DATE PREPARED

201608080001142