Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Letlow for Congress 905 Julia Street ADDRESS (number and street) (Check if address is changed) Rayville 71269 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS luke.j.letlow@gmail.com (Check if address is changed) Optional Second E-Mail Address info@lukeletlow.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.LukeLetlow.com (Check if address is changed) DATE 2020 C00742106 FEC IDENTIFICATION NUMBER > 3. 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. Franklin, Scott, , , Type or Print Name of Treasurer Franklin, Scott,,, [Electronically Filed] 03 13 2020 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

Local 202-694-1100

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|-------------|-----------------------|---|--------------------------|--|--|--|--|
| | | 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 | Letlow, Luke, Joshua, , | | | | | |
| | didate / Affiliati | on REP Office Sought: X House Senate President | State LA District 05 | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Nam Cand | e of didate | | | | | | |
| Par | ty Con | nmittee: (National, State | (Democratic, | | | | |
| (d) | | · · · · · · | Republican, etc.) Party. | | | | |
| Poli | tical A | ction Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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 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.) | | | | | |
| Join | t Func | draising Representative: | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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. | o or more political | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | | | | | |
| | 2. | FEC ID number | | | | | |
| | 3. | FEC ID number | | | | | |
| | 4 | | | | | | |

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|---|--|-------------------------|
| Write or Type Committee Nar | | 0 |
| Letlow for Con | aress | |
| | Organization, Affiliated Committee, Joint Fundraising Representative, or Lead | ership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| • | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | ted Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| . Custodian of Records: Id books and records. | dentify by name, address (phone number optional) and position of the person in | possession of committee |
| | son, Lasley, Downes, , II | |
| Full Name | 905 Julia Street | |
| Mailing Address | | |
| | Rayville LA 7126 | 9 |
| Title or Position | CITY STATE | ZIP CODE |
| CPA | Telephone number 318 | 282 - 8308 |
| Treasurer: List the name a any designated agent (e.g. | and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer). | name and address of |
| Full Name Franklin, of Treasurer | , Scott, , , | |
| Mailing Address | 45 Pecan Drive | |
| | | |
| | Rayville LA 71269 | ZIP CODE |
| Title or Position Treasurer | Telephone number | 366 3902 |

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|---|-----------------------------------|---------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated Agent | Franklin, Scott, , , | | | | | |
| Mailing Address | 45 Pecan Drive | | | | | |
| | Rayville LA 71269 CITY STATE ZIF | CODE | | | | |
| Title or Position Agent | | 5092 | | | | |
| 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. | | | | | | |
| | Cross Keys Bank | | | | | |
| Mailing Address | 1913 N Julia Street | | | | | |
| | Rayville LA 71269 | | | | | |
| | CITY STATE ZII | P CODE | | | | |
| Name of Bank, D | Depository, etc. | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE ZII | P CODE | | | | |