STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Scotty Robinson for Congress 515 Harrell Rd ADDRESS (number and street) (Check if address is changed) West Monroe 71291 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Scottyrobinson86@yahoo.com (Check if address is changed) Optional Second E-Mail Address Scottyrobinson318@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) scottyforcongress.com (Check if address is changed) DATE 2019 C00725366 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. Robinson, Ashley, , , Type or Print Name of Treasurer Robinson, Ashley, , , [Electronically Filed] 04 05 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 Only

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE • 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. (Con information below.)	nplete the candidate				
Nam Cand	e of didate	Robinson, Scotty, , ,					
	didate / Affiliati	on REP Office Sought: * House Senate President	State LA District 05				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cano	e of didate						
Par	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, 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-	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 scommittee. (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 Fund	raising 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.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees 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		
Scotty Robin	son for Congress	
	eted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the pe	rson in possession of committee
	inson, Ashley, , ,	
Full Name	515 Harrell Rd	
Mailing Address		
	West Monroe , LA	71291
Title or Position	CITY STATE	ZIP CODE
	Telephone number	18 - 366 - 2313
. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; e.g., assistant treasurer).	and the name and address of
Full Name Robin of Treasurer	nson, Ashley, , ,	
Mailing Address	515 Harrell Rd	
	West Monrone LA	71291
Title or Position	CITY STATE	ZIP CODE
		18 - 366 - 2313

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Full Name of Designated Agent		- -
Mailing Address		
waning Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Name of Bank, Mailing Address	Century Next Bank 2450 Tower Drive Monroe LA 71201	
		ZIP CODE
Name of Bank,	Depository, etc.	
		1
Mailing Address		
Mailing Address		
Mailing Address		