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FEC MAIL CENTER

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

David Brooks Campaign

ADDRESS (number and street)

422 S. Scott St

☐(Check if address
is changed)

New Orleans

LA

70119

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address
is changed)

david@davidgbrooks.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

https://www.davidgbrooks.com

2. DATE

09

15

2014

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

David Graham Brooks

Signature of Treasurer



Date

09

15

2014

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2009)

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

David Graham Brooks

Candidate Party Affiliation

Ind

Office Sought:

☒

House

☐

Senate

☐

President

State

LA

District

02

- (c) ☒ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

David Graham Brooks

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:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> 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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

David Brooks Campaign**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

422 S. Scott St

New Orleans

CITY

LA

STATE

70119

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

David Graham Brooks

Mailing Address

422 S. Scott St.

New Orleans

CITY

LA

STATE

70119

ZIP CODE

Title or Position

Telephone number

504 - 723 - 2420

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

David Graham Brooks

Mailing Address

422 S. Scott St

New Orleans

CITY

LA

STATE

70119

ZIP CODE

Title or Position

Telephone number

504 - 723 - 2420

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

First NBC Bank

Mailing Address

P.O. Box 61035

New Orleans

LA

70161

-1035

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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CUSTOMER USE ONLY

FROM: please print
David B. Blanks
100 S. GALT
PO BOX 100
LA 70119

PHONE (504) 213-1410

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED: Note: The addressee must check the "Signature Required" box (if the addressee is not the addressee's signature, OR 2) Purchase additional insurance, OR 3) Purchase COD service (OR 4) Purchase Return Receipt service. If the box is not checked, the Postal Service will leave the mail in the addressee's mailbox and will not attempt to deliver the mail. Signature Required: Signature of addressee or authorized agent.

☐ No Signature Required (delivered next business day)

☐ Sunday/Holiday Delivery (additional fee, where available)

☐ 1030 AM Delivery (additional fee, where available)

☐ "Hole to USPS.com" or local Post Office, for availability.

☐ (please print)

TO: please print
Federal Reserve Bank
1000 10th St
New Orleans, LA 70130

PHONE (504) 213-1410

ZIP + 4 (U.S. ADDRESSES ONLY)



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UNITED STATES
★ MAIL ★
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EXPRESS™

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2014 SEP 19 AM 11:44
FEC MAIL CENTER

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: 70119

Scheduled Delivery Date (MM/DD/YYYY): 9-19-14

Scheduled Delivery Time: 1030 AM

Weight: 1.00 lb

Dimensions: 10.00 x 10.00 x 10.00

Postage: \$19.99

Insurance: \$0.00

Signature Fee: \$0.00

Acceptance Employee Initials: [Signature]

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Date (MM/DD/YYYY): 9-19-14

Delivery Time: 1030 AM

Employee Signature: [Signature]

Delivery Address (MM/DD/YYYY): 1000 10th St, New Orleans, LA 70130

Employee Signature: [Signature]

U.S. POSTAGE
NEW ORLEANS, LA
SEP 18 2014
\$19.99
00021617-11



1007

UNITED STATES

14047-14061-14070

(8/2013)