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. **Warrior PAC** PO Box 83424 ADDRESS (number and street) (Check if address is changed) **Baton Rouge** 70884 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mathishou@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00619445 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Mathis, John, , , Type or Print Name of Treasurer Mathis, John, , , [Electronically Filed] 80 26 2018 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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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion 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 Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	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	nmittees 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 Name		-
Warrior PAC		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in po	essession of committee
	Robert, , ,	
Full Name	1048 Irvine Ave	
Mailing Address	# 506	
	Newport beach CA 92660	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name Mathis, Jo of Treasurer	hn, , ,	
Mailing Address	PO Box 83424	
	Baton Ruge  CITY  STATE	ZIP CODE
Title or Position Treasurer		415 - 4540

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Full Name of Designated Agent										
Mailing Address		1	1 1 1 1	1 1 1 1	1 1 1 1		1 1 1		1 1 1	
3										
							1 . 1	1	1.	-1
				CITY			STATE		ZIP CO	DE
Title or Position							1	1 1	1	I
					Telep	hone num	ber			-
Name of Bank,	Depository, e	itains funds. etc.								
-	Depository, e									
Name of Bank,	Depository, e	etc.					LA	00000		
Name of Bank,	Depository, e	N/A		CITY			LA		ZIP CC	DDE
Name of Bank,	Depository, 6	N/A N/A N/A		CITY					ZIP CC	- L
Name of Bank,  Mailing Address	Depository, e	N/A N/A N/A etc.		CITY			STATE	00000		
Name of Bank,  Mailing Address	Depository, e	N/A N/A N/A etc.					STATE	00000		
Name of Bank,  Mailing Address  Name of Bank,	Depository, e	N/A N/A N/A etc.					STATE	00000		
Name of Bank,  Mailing Address  Name of Bank,	Depository, e	N/A N/A N/A etc.					STATE	00000		

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

John Mathis new Treasurer to complete any additional FEC interaction needed.

Form/Schedule: Transaction ID: