



1010 Monarch Street, Suite 250
P.O. Box 910810
Lexington, KY 40591-0810
(859) 255-7080 (859) 255-6903 Fax
www.steptoe-johnson.com

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Writer's Contact Information

December 4, 2009

Via UPS – Overnight

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**Re: Amended Statement of Organization for Great Bourbon
Whiskey PAC**

Dear Commission:

Enclosed is a signed FEC Form-1, Amended Statement of Organization for Great Bourbon Whiskey PAC. Please accept this statement and issue the appropriate documentation, Committee I.D. and passwords to the Treasurer at the stated address.

If possible, please copy that information to the undersigned as the attorney for the PAC. That copy may be sent to the following address:

D. Eric Lycan, Esq.
StepToe & Johnson, PLLC
1010 Monarch Street, Suite 250
Lexington, Kentucky 40513.

If possible, you can send it electronically to eric.lycan@steptoe-johnson.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Eric Lycan', written over a horizontal line.

D. Eric Lycan

DEL/aml

Enclosure

5302531
116150.00001

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

G R E A T B O U R B O N W H I S K E Y P A C

ADDRESS (number and street)

1 0 1 I d a h o C o u r t

(Check if address
is changed)

L a p l a c e L A 7 0 0 6 8

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

k b r o u s s a r d @ b e l l s o u t h . n e t

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

1 2 ' 0 4 ' 2 0 0 9

3. FEC IDENTIFICATION NUMBER

C 0 0 4 6 9 8 5 8

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

Kent Broussard

Signature of Treasurer

Kent Broussard

Date

1 2 ' 0 4 ' 2 0 0 9

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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

29030200258

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:
2. _____ FEC ID number:
3. _____ FEC ID number:
4. _____ FEC ID number:

29030200259

Write or Type Committee Name

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

NONE

Mailing Address

[Mailing address grid]

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

Kent Broussard

Mailing Address

101 Idaho Court

Laplace

LA

70068

Title or Position

CITY

STATE

ZIP CODE

Telephone number

504

237

5462

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

Kent Broussard

Mailing Address

101 Idaho Court

Laplace

LA

70068

Title or Position

CITY

STATE

ZIP CODE

Telephone number

504

237

5462

29030200260

Full Name of Designated Agent

[]

Mailing Address

[]

[]

[] [] [] - []

CITY

STATE

ZIP CODE

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.

JP MORGAN CHASE BANK []

Mailing Address

2331 S. Carrolton Avenue []

[]

New Orleans [] LA [] 70118 [] - []

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[]

Mailing Address

[]

[]

[] [] [] - []

CITY

STATE

ZIP CODE

29030200261

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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Overnight Delivery Service (Specify): *UPS* Shipping Date
12/4/09
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JWB
 PREPARER *12/7/09*
 DATE PREPARED

29030200262