

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED PAGE 1/4
SECRETARY OF THE SENATE
PUBLIC RECORDS

16 FEB 17 PM 3:48

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

The committee to elect Derrick Edwards

ADDRESS (number and street)

PO Box 1720



(Check if address
is changed)

Harvey

CITY ▲

LA

STATE ▲

70059

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

dedwards@loyno.edu

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

DerrickEdwards2016.com

2. DATE

MM / DD / YYYY
02 / 10 / 2016

02 / 10 / 2016

02 / 10 / 2016

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 Mr. Derrick Edwards

Signature of Treasurer

Mr. Derrick Edwards

Date

MM / DD / YYYY
02 / 10 / 2016

02 / 10 / 2016

02 / 10 / 2016

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 06/2012)

201602170200071373

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

Mr. Derrick Edwards

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

LA

District

00

- (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. | <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"/> |

201602170200071374

Write or Type Committee Name

The committee to elect Derrick Edwards**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address,

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 Mr. Derrick Edwards

Mailing Address

1615 Poydras St. Suite 1250

New Orleans

LA

70112

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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 Mr. Derrick Edwards

Mailing Address

1615 Poydras St. Suite 1250

New Orleans

LA

70112

Title or Position

CITY

STATE

ZIP CODE

Telephone number

201602170200071375

Full Name of
Designated
Agent

Derrick Edwards

Mailing Address

1615 Poydras St. Suite 1250

New Orleans

CITY

LA

STATE

70112

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.

First NBC

Mailing Address

1615 Poydras St.

New Orleans

CITY

LA

STATE

70112

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201602170200071376

R. D. 1622.178200874377
Z. N. 178200874377
Harvey. LA. 70058

SCREENED
BY THE SENATE
POST OFFICE

U. S. SENATE
TRACKING NUMBER



10-017144

Office of Public Records
P.O. Box 77578
Washington, DC
20013-7578



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

☐

UPS _____

☐

DHL _____

☐

AIRBORNE EXPRESS _____

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE ☐

POSTMARK ☐

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

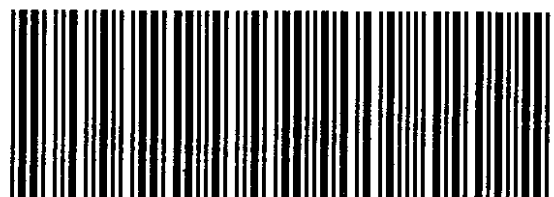
DH

DATE PREPARED

2-17-16



SEN PATCH



SEN PATCH

201602170200071379