

**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

PELICAN PAC

ADDRESS (number and street)

3337 N. HULLEN ST.

☒ (Check if address is changed)

SUITE 301

METAIRIE

CITY ▲

LA

STATE ▲

70002

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

wjvcpa@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y  
10 / 19 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00634774

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 VANDERBROOK, WILLIAM, , CPA

Signature of Treasurer VANDERBROOK, WILLIAM, , CPA

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 19 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 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  
CandidateCandidate  
Party AffiliationOffice  
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.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i) ☐ 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.
- (j) ☐ 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.

C

2.

C

Write or Type Committee Name

PELICAN PAC

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

BUDD KENNEDY MAJORITY COMMITTEE

Mailing Address

PO BOX 97275

RALEIGH

NC

27624

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ 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 VANDERBROOK, WILLIAM, , , CPA

Mailing Address

3337 N. HULLEN ST.

SUITE 301

METAIRIE

LA

70002

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

504

455

0762

## 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 VANDERBROOK, WILLIAM, , , CPA

Mailing Address

3337 N. HULLEN ST.

SUITE 301

METAIRIE

LA

70002

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

504

455

0762

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 BANK AND TRUST

Mailing Address

909 POYDRAS ST

NEW ORLEANS

LA

70112

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

TRUIST BANK

Mailing Address

9111 LITCHFORD RD

RALEIGH

NC

27615

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F1N  
Transaction ID :

THIS FORM 1 AMENDS FORM 1 FILED ON MARCH 9, 2017.

Form/Schedule:  
Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**KENNEDY, JOHN NEELY, NEELY, ,  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

26 DELAOKS  
\_\_\_\_\_  
\_\_\_\_\_  
MADISONVILLE

LA

70447  
\_\_\_\_\_  
\_\_\_\_\_  
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☒

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
CITY ▲ STATE ▲ ZIP CODE ▲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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY ▲ STATE ▲ ZIP CODE ▲Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY ▲ STATE ▲ ZIP CODE ▲