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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. 12PB4MS

LOUISIANA FOR CHANGE PAC
LFC

ADDRESS (number and street) 1209 HARMONY B

(Check if address is changed) NEW ORLEANS LA 70115
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS louisianaforchange@ymail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

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 MEGHAN CHARKOWICZ

Signature of Treasurer  Date 03 12 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (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 Affiliates: Office Sought: House Senate President

State: District:

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

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

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 MEAGHAN CHARNOVICK

Mailing Address 1209 HARMONY B

NEW ORLEANS LA 70115

Title or Position CITY STATE ZIP CODE

CO-DIRECTOR Telephone number 504-231-4543

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 MEAGHAN CHARNOVICK

Mailing Address 1209 HARMONY B

NEW ORLEANS LA 70115

Title or Position CITY STATE ZIP CODE

CO-DIRECTOR Telephone number 504-231-4543

Full Name of Designated Agent MONISHA SWAN

Mailing Address 1230 JEFFERSON AVE

NEW ORLEANS LA 70115

Title or Position CITY STATE ZIP CODE

CO-DIRECTOR Telephone number 646-479-0554

5. 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.

HEBERNIA NATIONAL BANK

Mailing Address

3540 ST CHARLES AVENUE

NEW ORLEANS LA 70115-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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