

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2008 JUL 30 AM 8:50

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

COMMITTEE TO Elect Troy Carter to U.S. Congress

ADDRESS (number and street)

650 POYDRAS ST.

(Check if address  
is changed)

STE 2417

NEW Orleans

LA 70130

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

SANDRA@TROYCARTERforCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.TROYCARTERforCongress.com

COMMITTEE'S FAX NUMBER

504-299-3269

2. DATE

07'24'2008

3. FEC IDENTIFICATION NUMBER

C0042876

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Sandra Piglin

Signature of Treasurer

Sandra Piglin

Date

07'24'2008

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 12/2007)

## 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 TROY "C" CARTER

Candidate Party Affiliation Dem Office Sought: ☒ House ☐ Senate ☐ President State LA District 02

- (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

- (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 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 C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C
5. \_\_\_\_\_ FEC ID number C

Write or Type Committee Name

Committee to Elect Troy Carter for Congress

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

## 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

SANDRA PIGLIA

Mailing Address

P.O. Box 50730

NEW Orleans

LA

70150

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

504-299-3296

## 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

SANDRA PIGLIA

Mailing Address

P.O. Box 50730

NEW Orleans

LA

70150

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

504-299-3296

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.

CHASE

Mailing Address

201 ST CHARLES AVE

STE 110

NEW ORLEANS

LA

70179

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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.

|                                                                                  |                               |
|----------------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                          | Date of Receipt               |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked<br><i>7/24/08</i>  |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)              |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                               |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                      |                               |
| <input type="checkbox"/> No Postmark                                             |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked |

*J. P.*  
PREPARER

*7/30/08*  
DATE PREPARED

(3/2005)

28039802403