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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Louisianians for American Security Political Action Committee P.O. Box 6058 ADDRESS (number and street) (Check if address is changed) Monroe 71211-6058 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS morris@mintzoffice.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2022 C00144170 FEC IDENTIFICATION NUMBER 3. 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. Mintz, Morris, F, Mr., Type or Print Name of Treasurer Mintz, Morris, F, Mr., [Electronically Filed] 01 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Complinformation below.)	ete the candidate
	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		. ago •
• •	American Security Polit	tical Action Committee
	<b>-</b>	draising Representative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint	nt Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optiona	nal) and position of the person in possession of committee
Mintz, Morr	ris, F, Mr.,	
Full Name	PO Box 6058	
Mailing Address		
	Monroe	, LA , 71211-6058
Title or Position	CITY	STATE ZIP CODE
Secretary/Treasurer		elephone number 318 - 547 - 7400
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treassistant treasurer).	easurer of the committee; and the name and address of
Full Name Mintz, Morr	is, F, Mr.,	
of Treasurer	PO Box 6058	
Mailing Address		<u> </u>
	Monroe	TID CODE
Title or Position Secretary/Treasurer	CITY Tel	STATE ZIP CODE  elephone number 318 - 547 - 7400

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Full Name of			
Designated Agent			
Mailing Address	1		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Tele	ephone number	-
Name of Bank, Deposi	ncock Whitney Bank		1 1 1 1 1 1 1 1
Ha	•		
·	ncock Whitney Bank		
Ha	ncock Whitney Bank 701 Poydras Street	LA   170	0139
Ha	ncock Whitney Bank	LA 7	0139
Ha	ncock Whitney Bank 701 Poydras Street	LA 70	0139 ZIP CODE
Ha	ncock Whitney Bank 701 Poydras Street New Orleans CITY		
Mailing Address  Name of Bank, Deposi	ncock Whitney Bank 701 Poydras Street New Orleans CITY	STATE	
Mailing Address  Name of Bank, Deposi	ncock Whitney Bank 701 Poydras Street New Orleans CITY		
Mailing Address  Name of Bank, Deposit	ncock Whitney Bank 701 Poydras Street New Orleans CITY  itory, etc.  st Bank and Trust 909 Poydras Street	STATE	
Mailing Address  Name of Bank, Deposi	ncock Whitney Bank 701 Poydras Street New Orleans CITY itory, etc.	STATE	
Mailing Address  Name of Bank, Deposi	ncock Whitney Bank 701 Poydras Street New Orleans CITY  itory, etc.  st Bank and Trust 909 Poydras Street	STATE	