

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

louis earl mcclanahan III

ADDRESS (number and street) 5136 11th ave so.

(Check if address is changed)

gulfport CITY ▲ FL STATE ▲ 33707 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) louis kart83@outlook.com

Optional Second E-Mail Address louis kart6@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.louisforpresident.com

2. DATE 03 / 28 / 2017

3. FEC IDENTIFICATION NUMBER C C00635789

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 mcclanahan, louis, earl, , III

Signature of Treasurer mcclanahan, louis, earl, , III [Electronically Filed] Date 03 / 28 / 2017

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.

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 mcclanahan, louis, earl, , III

Candidate Party Affiliation DEM Office 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.)

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 _____

Write or Type Committee Name

louis earl mcclanahan III

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 mcclanahan, louis, earl, , III

Mailing Address 5136 11th ave so.

gulfport FL 33707

CITY STATE ZIP CODE

Title or Position

candidate

Telephone number 727 - 301 - 6421

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 mcclanahan, louis, earl, , III

Mailing Address 5136 11th ave so.

gulfport FL 33707

CITY STATE ZIP CODE

Title or Position

candidate

Telephone number 727 - 301 - 6421

Full Name of Designated Agent | mcclanahan, louis, earl, , III

Mailing Address | 5136 11th ave so. | gulfport | FL | 33707 | - | CITY | STATE | ZIP CODE

Title or Position candidate | Telephone number | 727 | - | 301 | - | 6421

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.

region

Mailing Address | 5728 gulfport blvd so. | gulfport | FL | 33707 | - | CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address | | | | - | CITY | STATE | ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

fox, jimmy, lee, ,

Mailing Address

5136 11th ave so.

gulfport

FL

33707

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

candidate

Telephone number

727

638

2734

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C []