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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

12P54M5

Committee to Re-elect Bobby Jindal, Inc.

ADDRESS (number and street)

P.O. Box 8628

(Check if address  
is changed)

Metairie, LA 70001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bill.goff@bobbyjindal.com

will.souff@bobbyjindal.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bobbyjindal.com

COMMITTEE'S FAX NUMBER

504-274-0025

2. DATE

12 26 2004

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

William C. Potter

Signature of Treasurer

William C. Potter

Date

12 26 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
1111 F Street, N.W.  
Washington, D.C. 20543  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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 Bobby Jindal

Candidate Party Affiliation Rep Office Sought:  House  Senate  President State LA District 01

- (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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

FEC Form 1 (Revised 03/2003)

Write or Type Committee Name

Committee to Re-elect Bobby Jindal, Inc

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: Treasurer

Mailing Address

Title or Position

CITY STATE ZIP CODE

Telephone number

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: William C. Portier

Mailing Address: P.O. Box 8628, Metairie, La 70001

Title or Position

CITY STATE ZIP CODE

Telephone number: 504-885-1088

Full Name of Designated Agent: Christopher Ringo

Mailing Address: P.O. Box 8628, Metairie, La 70001

Title or Position

CITY STATE ZIP CODE

Telephone number: 504-885-1088

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, retains safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

1st National Bank

Mailing Address

1115 1st Street

Barrow Alaska 99501

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.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMB</i> PREPARER (5/2004)	<i>1/12/05</i> DATE PREPARED