

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

The committee to elect Candy Sandra Christophe for Congress

ADDRESS (number and street) 1617 Branch St. #600

(Check if address is changed)

Alexandria LA 71302
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

andrechristophe1@aol.com

Optional Second E-Mail Address
gporter376@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

CandyChristophe4Congress.com

2. DATE 02 / 12 / 2019

3. FEC IDENTIFICATION NUMBER C C00696534

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 Christophe, Charles, Andre, Mr., Sr.

Signature of Treasurer Christophe, Charles, Andre, Mr., Sr. [Electronically Filed] Date 01 / 31 / 2021

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 Christophe, Sandra Candy, Shoemaker, Mrs.,

Candidate Party Affiliation DEM Office Sought: House Senate President State LA District 05

- (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

The committee to elect Candy Sandra Christophe for Congress

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

Committee to elect Candy Christophe for Congress

Mailing Address 1617 Branch St. #600

Alexandria

LA

71302

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 Christophe, Charles, Andre, Mr., Sr.

Mailing Address 7571 Hwy 1 South

Alexandria

LA

71302

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 318 - 715 - 8178

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 Christophe, Charles, Andre, Mr., Sr.

Mailing Address 7571 Hwy 1 South

Alexandria

LA

71302

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 318 - 715 - 8178

Full Name of Designated Agent | Porter, Gerber, , ,

Mailing Address | 3406 Horseshoe Dr.
|
| Alexandria | LA | 71302 | - |
| CITY | STATE | ZIP CODE

Title or Position | Records Custodian | Telephone number | 504 | - | 296 | - | 8693

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.

| Bancorp South |

Mailing Address | 4600 Jackson St.
|
| Alexandria | LA | 71303 | - |
| CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

| |

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