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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. BERNARD FOR CONGRESS 1028 S. SKY STREET ADDRESS (number and street) (Check if address is changed) **GONZALES** 70737 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wjvcpa@aol.com (Check if address is changed) Optional Second E-Mail Address claston.bernard@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00766733 FEC IDENTIFICATION NUMBER > 3. X 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. VANDERBROOK, WILLIAM, , , CPA Type or Print Name of Treasurer VANDERBROOK, WILLIAM, , , CPA [Electronically Filed] 01 18 2021 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

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Can	e of didate	BERNARD, CLASTON, , ,	
	didate y Affiliati	on REP Office Sought: <b>X</b> House Senate President	State LA District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 scommittee. (i.e., nonconnected committee)	egregated 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	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
BERNARD FOR	R CONGRESS	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		<u>                                     </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected		adership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	ify by name, address (phone number optional) and position of the person in pos-	ssession of committee
Full Name  Mailing Address	ROOK, WILLIAM, , , CPA  2900 CLEARVIEW PKWY  SUITE 206  METAIRIE  LA  70006	
Title or Position	CITY STATE	ZIP CODE
TREASURER		455 - 0762
<ol> <li>Treasurer: List the name and any designated agent (e.g., as</li> </ol>	address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	ime and address of
	ROOK, WILLIAM, , , CPA	
Mailing Address	2900 CLEARVIEW PKWY	
	SUITE 206	
	METAIRIE LA 70006	
Title or Position TREASURER		ZIP CODE  455

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Full Name of Designated Agent		1 1 1 1 1 1
Mailing Address		
	CITY STATE ZI	P CODE
Title or Position		1 1
	Telephone number	
Name of Bank,		
Mailing Address	HANCOCK WHITNEY  1505 S BURNSIDE AVE  GONZALES  LA 70737	
	HANCOCK WHITNEY  1505 S BURNSIDE AVE  GONZALES  LA 70737	
	HANCOCK WHITNEY  1505 S BURNSIDE AVE  GONZALES  CITY  STATE  ZI	IP CODE
Mailing Address	HANCOCK WHITNEY  1505 S BURNSIDE AVE  GONZALES  CITY  STATE  ZI	IP CODE
Mailing Address	HANCOCK WHITNEY  1505 S BURNSIDE AVE  GONZALES  CITY  STATE  ZI	IP CODE
Mailing Address  Name of Bank,	HANCOCK WHITNEY  1505 S BURNSIDE AVE  GONZALES  CITY  STATE  ZI	IP CODE
Mailing Address  Name of Bank,	HANCOCK WHITNEY  1505 S BURNSIDE AVE  GONZALES  CITY  STATE  ZI	IP CODE