## 29030092500

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

2009 MAY 26 A 9: 05

						Office Use Only
1. NAME OF COMMITTEE (in 1	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5	
CRAIG R	omero	FOR C	ong Re	55 <u>5</u>		
ADDRESS (number and	l street) 8	ssio uin	ITED	PLAZA B	LUID S	WITE 1001
(Check if add is changed)		ATON R	<u> </u>		LA	1 <mark>7.0.609</mark> 1-
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL	. ADDRESS (P	lease provide only o	one e-mail ad	dress)		
(Check if a is changed)						
	<b>L</b>		1 _1 _1			
COMMITTEE'S WEB F	PAGE ADDRES	S (URL)				
(Check if a	tdress			1 1 1 1 1 1 1	111	1111111
(Check if address is changed)		11144		1 [ 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. DATE 05 14 2009						
3. FEC IDENTIFICA	ATION NUMBE	R C	003	98974		
4. IS THIS STATEMI	ENT []	NEW (N) OI	R 💢	AMENDED (A)		
I certify that I have ex	amined this Sta	atement and to the	best of my l	knowledge and belief it	is true, correc	t and complete.
Type or Print Name of Treasurer William C. Potter						
Type or Print Name of Treasurer WILLIAM C. 101CH						
Signature of Treasurer						
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			<u> </u>	For further information co		
Use				Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC F	rm 1 (Revised 02/2009)	Page 2						
		COMMITTEE							
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	w)						
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co	•						
	لط	information below.)	omplete the candidate						
	ne of didate	GRAIG ROMERO							
	didate y Affiliat	Office Sought: X House Senate President	State LA						
ган	y Allillat	on Sought: House Senate President	District Q3						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	ne of didate								
Par	ty Cor	nmittee:	(0						
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.						
Pol	itical A	ction Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	onnected 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 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.)							
Join	t Fund	Iraising Representative:							
(g)	n	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	two or more political						
	5-4	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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political						
	Com	mittees Participating in Joint Fundraiser							
	1.	FEC ID number							
	2.	FEC ID number C							
	3.		and the second s						
	4.								

ı	FEC Form 1 (Revised 02/2009)	age <b>3</b>						
	Write or Type Committee Name  CRAIG ROMERO FOR CONGRESS							
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	Mailing Address  CITY STATE ZIP CO  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership.							
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records.	of committee						
	Full Name WILLIAM C. POTTER							
	Mailing Address 8550 UNITED PLAZA BLVD SUITE I							
	BATION ROLLG: 170,8091							
	Title or Position CITY STATE ZIP CO	DE						
	TREASURER   1   1   1   1   1   1   1   1   1	4600						
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer).	address of						
	Full Name of Treasurer  WILLIAM C. POTTER							
	Mailing Address RSSO UNITED PLAZA BLVD SUITE	(00)						
	BATON ROUGE LA 708091-	- [] DE						
	Title or Position  [TREA SURER   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922   1922	4600						

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Full Name of Designated Agent		
Mailing Address		لىنىنىن
	<del>                                      </del>	
		لىسا-لىسا
Title or Position	CITY STATE	ZIP CODE
	Telephone number	لـــا-لـــ
Name of Bank, C	Community First Bank. A35 Jefferson, Terrace Blvd.	
	New I be via 1. A. D.S.	
	CITY STATE	ZIP CODE
Name of Bank, D		
	Farmers, Merchants Bank & Trust Cl	)
Mailing Address	PO BOX 9.10	<u> </u>
	Breaux Bridge LA nos	77-
	CITY STATE	ZIP CODE

(3/2005)

## 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. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):