

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

[See instructions]

SECRETARY OF THE SENATE

06 APR 20 AM 11:19

Office use only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Terrill For Senate

ADDRESS (number and street)

701 Poydras Street

Suite 4500

(Check if address is changed)

New Orleans

LA

70139

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

justin.schmidt@arlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

5045660210

2. DATE MM/DD/YYYY
04/13/2006

3. FEC IDENTIFICATION NUMBER

C C00380212

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

Mr. Justin B. Schmidt

Signature of Treasurer

Date

MM/DD/YYYY
04/13/2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-6630
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

200604131119

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 Hon. Suzanne Haik Terrell

Candidate Party Affiliation REP OFFICE Sought: House Senate President State LA District 00

- (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

25020201587

Write or Type Committee Name

Tarrell For Senate

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 Mr. Justin B. Schmidt

Mailing Address 701 Poydras Street
Suite 4500
New Orleans LA 70139

Title or Position CITY STATE ZIP CODE
Treasurer Telephone number 504 581 3234

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 Mr. Justin B. Schmidt

Mailing Address 701 Poydras Street
Suite 4500
New Orleans LA 70139

Title or Position CITY STATE ZIP CODE
Treasurer Telephone number 504 581 3234

Full Name of Designated Agent _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE
 Telephone number _____

26020201548

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.

AmSouth Bank

Mailing Address

3525 North Causeway Boulevard

Metairie

LA

70002

CITY ▲

STATE ▲

ZIP CODE ▲

202516202029

26020291552

