

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

02 JAN 16 PM 3:28

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

JAY BLOSSMAN FOR US SENATE

ADDRESS (number and street) PO BOX 3789

(Check if address is changed) COVINGTON LA 70434

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CAMPAIGN@JAYBLOSSMAN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.JAYBLOSSMAN.COM

2. DATE 11 05 2001

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 PHILIP W REBOWE

Signature of Treasurer [Handwritten Signature] Date 11 05 2001

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.

2002-01-01 05:50

6. 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 JACK A BLOSSMAN JR.

Candidate Party Affiliation REP Office Sought House  Senate  President   
 State LA District \_\_\_\_\_

- (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 subcommittee) 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.

8. 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

02.02.01.0561

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Write or Type Committee Name

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 **PHILIP W REBOWE**

Mailing Address **3501 NORTH CAUSEWAY BLVD.  
STE# 810  
METAIRIE LA 70002**

Title or Position CITY STATE ZIP CODE Telephone number **TREASURER 504 837 8118**

Full Name of Designated Agent **JENNIFER F CONNAUGHTON**

Mailing Address **405 NORTH COLUMBIA STREET  
COVINGTON LA 70433**

Title or Position CITY STATE ZIP CODE Telephone number **ASSISTANT TREASURER 985 809 1975**

22.02.001.0582

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.

PARISH NATIONAL BANK

Mailing Address

805 COLLINS BLVD

COVINGTON

LA

70433

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

9116

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

22.07.001.0563

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<i>li</i> PREPARER	<i>1-17-08</i> DATE PREPARED

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