

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

FIRSTRUST CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

909 POYDRAS STREET # 1700

(Check if address is changed)

NEW ORLEANS

LA

70112

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tspahr@fbtonline.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5045845021

2. DATE

MM / DD / YYYY
03 / 14 / 2007

3. FEC IDENTIFICATION NUMBER

C C00347369

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 Catherine Spahr, Treasurer

Signature of Treasurer

Electronically Filed by Catherine Spahr, Treasurer

Date

MM / DD / YYYY
09 / 17 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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 _____

Candidate Party Affiliation Office Sought: House Senate President State 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 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

Firsttrust Corp.

Mailing Address **909 Poydras Street**
Suite 1700
New Orleans **LA** **70112** -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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.

First Bank and Trust

Mailing Address

909 Poydras Street

Suite 100

New Orleans

LA

70112

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name **R. Patrick Vance**

Mailing Address **201 St. Charles Avenue**

 49th Floor

 New Orleans **LA** **70170** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

 Telephone number - -

Image# 27931195633

Form/Schedule: **F1A**

Transaction ID:
