FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1			A11011			
		(See instruction	ons)			Office use only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If over the line		12FE4M5	
FIRSTRUST	CORPORATION PO	PLITICAL ACTION	ОМ СОММІТТЕ	E		
ADDRESS (number an	d street)	POYDRAS STRI	EET # 1700			
(Check if add	dress					
is changed)	NEW 	ORLEANS			L <mark>A</mark> J [70112
COMMITTEE'S E-M.	AU ADDRESS		CITY		STATE	ZIP CODE 🛦
tspahr@fbto						
COMMITTEE'S WE	B PAGE ADDRESS (U	RL)				
1						
5045845021	NUMBER					
2. DATE M	M / D D / Y	2007				
3. FEC IDENTIFIC	ATION NUMBER		C C0034736	69		
4. IS THIS STATE	MENT NEV	/ (N) OR	X AM	MENDED (A)		
I certify that I have example	mined this Statement and	to the best of my kno	owledge and belief	t is true, correct an	nd complete	_
Time or Driet Name	£ T	Catherine Spahi	· Treasurer			
Type or Print Name of	irreasurer		,			
Signature of Treasure	er Electronically File	d by Catherine	Spahr, Treas	urer	Date 09	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of	false, erroneous, or incor	nplete information ma				-
Office Use Only			Federal Toll Fre	ther information of Election Commissive 800-424-9530 02-694-1100		FEC FORM 1 (Revised 02/2003)

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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					
		emocratic, publican,etc.) Party.				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	and or party				
ô.	Name of Any Connected Organization or Affiliated Committee					
L	Firstrust Corp.					
L						
	Mailing Address 909 Poydras Street					
	Suite 1700					
	New Orleans LA L, 70	112				
	CITY▲ STATE ▲	ZIP CODE A				
	Relationship connected					
	Type of Connected Organization:					
	X Corporation Corporation w/o Capital Stock Labor Organization	ion				
	Membership Organization Trade Association Cooperative					

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Write or Type Committee Name

FIRSTRUST CORPORATION POLITICAL AC	HOIT	COMMITTEE
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FIRSTRUST								
	ustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.							
Full Name	R. Patri	ck Vance						
Mailing Address	3	201 St. Charles Avenue						
		49th Floor						
		New Orleans	LA	70170				
Title or Position	v	CITY A	STATE▲	ZIP CODE A				
	Asst. Treas		504 elephone number	582 8194 				
name and ad		and address (phone number optional) of t designated agent (e.g., assistant treasurer).						
Full Name of Treasurer	Catherii	ne Spahr						
		ne Spahr 909 Poydras Street						
of Treasurer								
of Treasurer		909 Poydras Street	LA	70112				
of Treasurer		909 Poydras Street Suite 1700						
of Treasurer Mailing Address		909 Poydras Street Suite 1700 New Orleans CITY A	LA	70112				
of Treasurer Mailing Address	▼ Treasurer	909 Poydras Street Suite 1700 New Orleans CITY A	LA_ STATE▲	70112 ZIP CODE ▲				
of Treasurer Mailing Address Title or Position Full Name of Designated	▼ Treasurer R. Patric	909 Poydras Street Suite 1700 New Orleans CITY A	LA_ STATE▲	70112 ZIP CODE ▲				
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer R. Patric	909 Poydras Street Suite 1700 New Orleans CITY A	LA_ STATE▲	70112 ZIP CODE ▲				
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer R. Patric	909 Poydras Street Suite 1700 New Orleans CITY A Te	LA_ STATE▲	70112 ZIP CODE ▲				
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer R. Patri	909 Poydras Street Suite 1700 New Orleans CITY A Telegraphics Avenue 49th Floor		70112				

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9.	Banks or Other Depositories safety deposit boxes or maintain	· · · · · · · · · · · · · · · · · · ·	nts, rents
	Name of Bank, Depository, etc		
	First B	Bank and Trust	
	Mailing Address		
		Suite 100	
		New Orleans LA 701	12
		CITY △ STATE △ ZIF	P CODE A

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Banks or Other Deposite safety deposit boxes or ma Name of Bank, Depository	aintains funds.	s or other depositories in which the con	•	accounts, rents ADDITIONAL]
Mailing Address				
		CITY 🛆	STATE △	ZIP CODE 🛕
Name of Any Connecte	d Organization or Aff	iliated Committee	I	ADDITIONAL]
Mailing Address				
		CITY	STATE A	ZIP CODE 🛦
Relationship				
Type of Connected Organ	nization:			
Corporation		Corporation w/o Capital Stock	Labor Orga	anization
Membership Org	ganization	Trade Association	Cooperativ	ve .

Designated Agent	[ADDITIONAL]
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Full Name R. Pati	rick Vance			
Mailing Address	201 St. Charles Avenue			
	49th Floor			
	New Orleans	LA	70170	
Title or Position ▼	CITY A	STATE	ZIP CODE A	
		ephone number		

Image# 27931195633 Form/Schedule:F1A Transaction ID: