Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JOSH GUILLORY FOR CONGRESS 323 E. UNIVERSITY AVE., BLDG. B. ADDRESS (number and street) (Check if address is changed) LAFAYETTE 70503 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS josh@votejosh2018.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2018 C00632448 FEC IDENTIFICATION NUMBER > 3. X 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. HANEY, STEPHENIE, , , Type or Print Name of Treasurer HANEY, STEPHENIE, , , [Electronically Filed] 01 02 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	1.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	mplete the candidate
Name of Candidate GUILLORY, JOSHUA, S, ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State LA District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
((National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3. FEC ID number	
4.	

FEC Form 1 (Revised (02/2009)		Page 3
Write or Type Committee Name			. ago o
	RY FOR CONGRES	S	
	Organization, Affiliated Committee, Joi		or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number -	- optional) and position of the pe	erson in possession of committee
	Y, JAMIE, , ,		
Full Name	323 EAST UNIVERSITY AVENUE, BLD	OG B	
Mailing Address			
	LAFAYETTE	, , LA ,	.70503
Title or Position	CITY	STATE	ZIP CODE
CUSTODIAN OF RECORDS	S	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	f the treasurer of the committee;	and the name and address of
	TEPHENIE, , ,		ı
of Treasurer	305 RUE BORDEAUX		
Mailing Address			
	CARENCRO		170500
	CARENCRO	STATE	70520
Title or Position TREASURER	CITY	STATE	ZIP CODE
		Telephone number	

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	KANE, AMY, JONES, ,	
Mailing Address	217 GARFIELD STREET	
	LAFAYETTE LA 70501	
Title or Death	CITY STATE ZIF	P CODE
Title or Position DESIGNATED		
		ccounts, rents
safety deposit bo	oxes or maintains funds.	ccounts, rents
safety deposit bo Name of Bank, [PAYNE STATE BANK 410 WEST UNIVERSITY AVENUE LAFAYETTE LA 70506	ccounts, rents
safety deposit bo Name of Bank, [PAYNE STATE BANK 410 WEST UNIVERSITY AVENUE LAFAYETTE LA 70506 CITY STATE ZIF	
safety deposit bo Name of Bank, I Mailing Address	PAYNE STATE BANK 410 WEST UNIVERSITY AVENUE LAFAYETTE LA 70506 CITY STATE ZIF	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. RAYNE STATE BANK 410 WEST UNIVERSITY AVENUE LAFAYETTE LA 70506 CITY STATE ZIF Depository, etc.	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. RAYNE STATE BANK 410 WEST UNIVERSITY AVENUE LAFAYETTE LA 70506 CITY STATE ZIF Depository, etc.	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. RAYNE STATE BANK 410 WEST UNIVERSITY AVENUE LAFAYETTE LA 70506 CITY STATE ZIF Depository, etc.	

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Form/Schedule: F1A Transaction ID:

This filing is an amendment to our Statement of Organization. The only amendment in this filing is to add Craig Duplechin as a designated assistant treasurer. Thank you.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraising	1	EEC ID sumbar	C
1		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	[C]
ame of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify I GUILLORY Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify I	by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify I GUILLORY Full Name	by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identify I GUILLORY Full Name	by name, address (phone number – optional) 7, JOSHUA, S, , 323 EAST UNIVERSITY AVENUE, BLDG B LAFAYETTE	LA	70503
esignated Agent: Identify I GUILLORY Full Name	by name, address (phone number – optional) 7, JOSHUA, S, , 323 EAST UNIVERSITY AVENUE, BLDG B LAFAYETTE CITY		
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

TITLE OR POSITION ASSISTANT TREASURE Banks or Other Depositor afety deposit boxes or mai lame of Bank, Depository, etc. Mailing Address	▼ :R :ies: List all banks o	CITY A or other depositories in w	Si Telephone Nur		ZIP CODE ZIP CODE s funds, holds accounts, rents
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TITLE OR POSITION ASSISTANT TREASURE Sanks or Other Depositorialety deposit boxes or main	▼ ER ies: List all banks of	CITY A	Si Telephone Nur	TATE ▲	ZIP CODE A
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-					
Mailing Address			.	LA	70508
Mailing Address					
Mailing Address					
	309 WORTH AVE	<u> </u>			
DUPLECH Full Name	HIN, CRAIG, , ,				
esignated Agent: Identify		(phone number – option	al)		
Connected	Organization A	Affiliated Committee	Joint Fundraising I	Representa	tive Leadership PAC Sp
Relationship:		CITY A		STATE A	ZIP CODE ▲
Mailing Address					
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lame of Any Connected (Organization, Affilia	ated Committee, Joint F	Fundraising Repre	esentative	, or Leadership PAC Spons
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