| Image# 201809179121721653 | | | _ | PAGE 1/4 |
|---|--|---|-----------------------|--|
| FEC FORM 1 | STATEMEI ORGANIZ | | | |
| | | | | Office Use Only |
| 1. NAME OF COMMITTEE (in full) KLW Political Fu | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | 733 East Airport Ave. | | | |
| (Check if address | Suite 201 | | | |
| is changed) | Baton Rouge | | LA7 | /0806 |
| | | | STATE ▲ | |
| | | | • • • • | |
| COMMITTEE'S E-MAIL ADDR | | | | |
| (Check if address is changed) | emily@cestrat.com | | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| COMMITTEE'S WEB PAGE AI | | | | |
| | 16 ⁷ 2015 | | | |
| 3. FEC IDENTIFICATION N | NUMBER ► C c | :00569863 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belief | it is true, correct a | nd complete. |
| Type or Print Name of Treasu | _{er} Cornell, Emily, , Ms, | | | |
| | | | | |
| Signature of Treasurer | nell, Emily, , Ms, | [Electronically Filed] | Date 09 | 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false, erro | neous, or incomplete information ANY CHANGE IN INFORMAT | may subject the person signing | | he penalties of 2 U.S.C. §437g |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

09/17/2018 11 : 11

| _ | | | |
|--------------|---------------------|--|---------------------------------------|
| F | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
| | | OMMITTEE | |
| Can | didate | e Committee: | |
| (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. (Comp information below.) | lete the candidate |
| Name Cand | e of lidate | | |
| | lidate Affiliati | on Office Sought: House Senate President | State |
| (C) | П | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Name Cand | | | |
| Part | ty Con | nmittee: | |
| (d) | | | Democratic, epublican, etc.) Party |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected organization is |
| | | 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 seg committee. (i.e., nonconnected committee) | regated fund or part |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Func | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

KLW Political Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Keep Louisiana Workir | ng, Inc. | | | | | | | | | |
|---|-----------------------|----------------|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| Mailing Address | 733 East Airport Ave. | | | | | | | | | |
| | Suite 201 | | | | | | | | | |
| | Baton Rouge | LA 70806 | | | | | | | | |
| | CITY | STATE ZIP CODE | | | | | | | | |
| Relationship: 🗴 Connected Organization 🚺 Affiliated Committee 🚺 Joint Fundraising Representative 🚺 Leadership PAC Sponsor | | | | | | | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Cornell, Er | nily, , Ms, |
|-------------------|--|
| Full Name | |
| Mailing Address | 733 East Airport Ave. |
| | Suite 201 |
| | Baton Rouge LA 70806 - - - - |
| Title or Position | CITY STATE ZIP CODE |
| Administrator | Telephone number 225 341 1709 |

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 | Cornell, Emily, , Ms, | | | | |
|---------------------------|-----------------------|---------|------|-------|----------|
| Mailing Address | 733 East Airport Ave. | | | | |
| | Suite 201 | | | | |
| | Baton Rouge | | LA | 70806 | |
| | | i | | | |
| | CITY | I S' | TATE | | ZIP CODE |

Page 3

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | 1 | | | | | | | |
|-------------------------------------|--|---|--|--|--|--|----|----|--|--|------|-----|-----|------|-----|-----|-----|--|--|----|----|----|---|--|
| Mailing Address | | l | | | | | | | | | | | | | | | | | | | | | | |
| | | l | | | | | | | | | | | | | | | | | | | | | | |
| | | l | | | | | | | | | | | | | | | | | | | | | 1 | |
| | | | | | | | CI | ΓY | | | | | | | | STA | λΤΕ | | | ZI | ΡC | DE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | |

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.

| | Iberia Bank | | |
|-----------------|------------------|----------------|--|
| Mailing Address | 3555 Perkins Rd. | | |
| | | | |
| | Baton Rouge | LA 70808 | |
| | CITY | STATE ZIP CODE | |
| Name of Bank, D | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE ZIP CODE | |