Only

## STATEMENT OF

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**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. JOHN KENNEDY FOR US 2900 CLEARVIEW PKWY ADDRESS (number and street) SUITE 206 (Check if address is changed) **METAIRIE** 70006 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wjvcpa@aol.com (Check if address X is changed) Optional Second E-Mail Address |david@johnkennedy.com COMMITTEE'S WEB PAGE ADDRESS (URL) johnkennedy.com (Check if address is changed) DATE 08 2021 C00608398 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. VANDERBROOK, WILLIAM, , , Type or Print Name of Treasurer VANDERBROOK, WILLIAM, , , [Electronically Filed] 04 08 2021 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 <b>2</b>
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	cion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commit information below.)  Name of Candidate  KENNEDY, JOHN, NEELY,	ittee. (Complete the candidate
Candidate Office	State LA District
(c) This committee supports/opposes only one candidate, and is NOT an authorized cor	nmittee.
Name of Candidate	
Party Committee:	(Domografia
(d) This committee is a (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	e 6.) Its connected 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 scommittee. (i.e., nonconnected committee)	separate 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 procommittees/organizations, at least one of which is an authorized committee of a federal of the committee of a federal of the committee of	•
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number	С
2. FEC ID number	C
3.	С
4.	C

FFO Farms 1 (Paris and a	02/2000	David 2
FEC Form 1 (Revised Write or Type Committee Name		Page 3
JOHN KENNED		
-	Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
CORNYN VICTORY O		<u> </u>
Mailing Address	PO BOX 13026	
	AUSTIN TX CITY STATE	78711 ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the pers	son in possession of committee
Full Name VANDERE	BROOK, WILLIAM, , , ,	
Mailing Address	SUITE 2016	
	METAIRIE LA	70006
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	4   455   0762
3. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	nd the name and address of
Full Name VANDERE of Treasurer	BROOK, WILLIAM, , ,	
Mailing Address	2900 CLEARVIEW PKWY	
	SUITE 2016	
	METAIRIE LA	70006
Title or Position Treasurer	CITY STATE	ZIP CODE 4   455   0762
<u> </u>	Telephone number	

Full Name of Designated Agent	KENNEDY, JOHN, NEELY, ,	
Mailing Address	26 DELAOKS	
	MADISONVILLE LA 70447  CITY STATE	ZIP CODE
Title or Position Chairman		455   -   0762
safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, holds	3 accounts, ICIIIS
Name of Bank, [		1 1 1 1 1 1 1
-	Depository, etc.  FIRST BANK AND TRUST  1909 POYDRAS STREET	
Name of Bank, [	Depository, etc.  FIRST BANK AND TRUST  1909 POYDRAS STREET	
Name of Bank, [	Depository, etc.  FIRST BANK AND TRUST  1909 POYDRAS STREET	
Name of Bank, [	Pirst Bank and Trust  909 Poydras street	ZIP CODE
Name of Bank, [	PIRST BANK AND TRUST  909 POYDRAS STREET  NEW ORLEANS  CITY  STATE	ZIP CODE
Name of Bank, I	PIRST BANK AND TRUST  909 POYDRAS STREET  NEW ORLEANS  CITY  STATE	ZIP CODE
Name of Bank, I	Depository, etc.  FIRST BANK AND TRUST  909 POYDRAS STREET  NEW ORLEANS  CITY  STATE  CHAIN BRIDGE BANK  1445-A LAUGHLIN AVE	ZIP CODE
Name of Bank, I	Depository, etc.  FIRST BANK AND TRUST  909 POYDRAS STREET  NEW ORLEANS  CITY  STATE  CHAIN BRIDGE BANK  1445-A LAUGHLIN AVE	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

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h). <b>Joint Fundraisin</b>	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
2021 SENATORS	CLASSIC COMMITTEE		
<u> </u>			
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115 		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
			_
	Affiliated Committee  Joint by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito fety deposit boxes or mail	composition of the position of the state of	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	composition of the position of the state of	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito aftety deposit boxes or material depository, etc.  TRUIS	composition of the position of the state of	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	composition of the position of	STATE A Telephone Number	ZIP CODE A
Full Name	cies: List all banks or other depositories in which intains funds.	STATE A Telephone Number	ZIP CODE A