	RECE	VE	D_	
FEC	MAIL	ÇE	NT	ER
		- 1		

STATEMENT OF

FEC FORM 1		Ö	RGANIZ	ATION			Office Use Only	All 7-	رر : :
1. NAME OF COMMITTEE (in	full)		Check if name s changed)	Example:If typi over the lines.	ng, type	12FE4M			·
PAWY 5	A _W Y	ER F	101R, GON	6, F, E, S, S,		1-1-1-1			
	سلسل								لبـ
ADDRESS (number a	nd street)	P,0,	B101X1 1813	13,8,2, ,		1111		1	لب
(Check if a	dress							<u> </u>	لـــا
is changed)		BAT	0N ROV	46, E , , ,	ليبيا	FA	70,8,8,4	لسل	لـــا
				CITY		STATE	ZIP CO	DE	1
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COMMITTEE'S WEB		•	•	<u> اع ر دی کی .</u>	C 0 1/0	;			
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COMMITTEE'S FAX [225] - [7,6,8									
2. DATE 0	1 ′3	o'ž	ပ်ပဲ ဗိ						•
3. FEC IDENTIFIC	CATION N	JUMBER	С						•
			-						
4. IS THIS STATE	MENT	NEW	(N) OR	AMEN	IDED (A)				
I certify that I have o		(, ,		t of my knowledge bert P.	_		oct and complete.		:
Type or Print Name	of Treasur	er	22 ~				ROTTIE		i
Signature of Treasure	er <u> </u>	(July)	h isto	_ 		Date Ö	2 01	Žŏï	8
NOTE: Submission of	false, erro			may subject the per				U.S.C. §	437g.
Office					information con		FEC FO	RM 1	:

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(Revised 12/2007)

	FEC For	m 1 (Revised 12/2007)			Pa	ge 2		
	TYPE OF CO				·			•
Candidate 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 pri				candic	date	
	Name of	information below.) $PAAI < AAA FR$:				•
	Candidate	PAWL SAWYER		 				<u></u>
	Candidate Party Affiliatio	on REP Office Sought: V House	Senate	President	State		0	ľ
	(c) V	This committee supports/opposes only one candidate, and is	NOT an authorized	Committee	Distri	ct		٥
	Name of				. , , ,	, ,	1	1 .
	Candidate	PIAWU ISIAWYIER IIIIII				<u></u>		
	Party Com	(National, State	nittoe of the	•	(Democrat		. 0	4. -
	(d)			 ;	Republica	n, etc. 	., rar ,	ty.
	(e)	ction Committee (PAC): This committee is a separate segregated fund. (Identify connecting the committee is a separate segregated fund.)	cted organization on	line 6.) Its cor	nected or	aniza	tion is	a:
	• •		w/o Capital Stock		Labor C		•	
		Membership Organization Trade Asso	ciation		Coopera		:	
	(1)	This committee supports/opposes more than one Federal can committee. (i.e., nonconnected committee)	didate, and is NOT	a separate se	egregated (fund (or par	ty
		In addition, this committee is a Leadership PAC. (identify	y sponsor on line 6.)					
	Joint Fundi	ralsing Representative:						
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds						politic	: :	
		This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized commit			vo or more	politic	al	
Committees Participating in Joint Fundraiser								
	1.		FEC ID numbe	r C			:	
	2.		FEC ID numbe	r C			;	
	3.		FEC ID numbe	r C	}		:	
	4.		FEC ID numbe	r C			!	-
	5.		FEC ID numbe	r C				

			•]
FEC Form 1 (Revis	ed 12/2007)		Pa	ige 4
			1	
Full Name of Designated Agent	ise Bruce			
Mailing Address	121,0,7 Layrell Lakers	Aven		لسنا
			414111	
	(Batton, Rowge	STATE	[70820-[
Title or Position	Telephone r	number	-	
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		nittee deposits	funds, holds accounts	rents :
-	13,700 ESSEN LANG	1.1.1.1		
Mailing Address				╎┈┦┈╵╵╵ ╸╸ ┆
	1B, a, t, o, n, Ro, w, s, e, , , , ,	L,Aj	[]10,80,91-1	
	СПҮ	STATE	ZIP COD	
Name of Bank, Depository,	etc.			:
		<u> </u>		
Mailing Address			<u></u>	
		<u>.l.l.l.l.l</u>	<u></u>	
			<u> </u>	 <u>}</u>
	CITY	STATE	ZIP COD	

	<u>.</u>	.]
FEC Form 1 (Revised		age 3
Write or Type Committee Nam	е '	
6. Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Repr	esentative
11111111111		
		: 1 1 1 1
		,
Mailing Address		
		
Relationship:	CITY STATE ZIP C	OUE
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising Rep	resentative
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in possessic	n of committee
ut s.	La bara	
Full Name	ise Bruce	
Mailing Address	DILOT Lawrel Lakes Ave.	لللبلا
	Baton Ronge LIA FORZO	- [573.]
Maria . Maria	CITY STATE ZIP C	ODE .
Title or Position	-	
v.gl.wn teer	Telephone number	-
8. Treasurer: List the name an	d address (phone number optional) of the treasurer of the committee; and the name an	d address of
any designated agent (e.g.,	assistant treasurer).	
Full Name of Treasurer	HERBERT P. FRITTS	1
Mailing Address	131,33, Pentagon Gourt	
Maining Address		
	1Baton Ronge, 1 LAI 17,08,1,0	
	CITY STATE ZIPC	ODE
Title or Position	1	1 1
1	Telephone number	
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USPS Express Mail	Postmarke	d		
Postmark Illegible				
No Postmark	:			
Overnight Delivery Service (Specify): Fact Typ	Shipping D	ate /		
Next Business	Day Delivery			
Received from House Records & Registration Office	Date of Re	ceipt		
Received from Senate Public Records Office	Date of Re	ceipt		
Received from Electronic Filing Office	Date of Re	ceipt		
Other (Specify):	ceipt or Postr	narked		
JMD BREDARED	2/5/			
(3/2005)	DATEPRE	PARED		