FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
16 NOV -3 AM 11:58
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MARSALA FOR LA

ADDRESS (number and street) 2201 VETERANS MEMORIAL BLVD

☐ (Check if address is changed) SUITE 405

METAIRIE (CITY ▲) LA (STATE ▲) 70002 (ZIP CODE ▲) -

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed) CONTACT@MARSALAFORLA.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) WWW.MARSALAFORLA.COM

2. DATE 10 / 26 / 2016

3. FEC IDENTIFICATION NUMBER ▶ C 00626952

4. 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.

Type or Print Name of Treasurer CHARLES E MARSALA

Signature of Treasurer Charles Marsala Date 10 / 26 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)

201611302006559697

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [x] 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: CHARLES E MARSALA

Candidate Party Affiliation: REP

Office Sought: [ ] House [x] Senate [ ] President

State: LA

District: 01

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(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 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 separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] 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 two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

Write or Type Committee Name

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

Mailing Address

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.

Full Name: CHARLES E MARSALA

Mailing Address: 2511 ST. CHARLES AVE
APT 304
NEW ORLEANS LA 70130 -

CITY STATE ZIP CODE

Title or Position: CANDIDATE

Telephone number: 650 - 333 - 8212

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: CHARLES E MARSALA

Mailing Address: 2511 VETERANS MEMORIAL BLVD
APT 304
NEW ORLEANS LA 70130 -

CITY STATE ZIP CODE

Title or Position: CANDIDATE

Telephone number: 650 - 333 - 8212

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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.

GULF COAST BANK & TRUST COMPANY

Mailing Address 5001 VETERANS BLVD

METAIRIE LA 70006

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

Image# 201610180300063736

See attached to fix filing error

RQ-1

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

October 17, 2016

CHARLES MARSALA, TREASURER
MARSALA FOR LA
2201 VETERANS MEMORIAL BLVD SUITE 405
METAIRIE, LA 70002

Response Due Date
11/21/2016

IDENTIFICATION NUMBER: C00626952

REFERENCE: STATEMENT OF ORGANIZATION

2016 OCT -3 AM 11:57
SECRETARY OF THE SENATE

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the Statement of Organization referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received by the response date noted above.** Additional information is needed for the following 1 item(s):

Your Statement of Organization (FEC Form 1) reports information about a Principal Campaign Committee; however, your filing fails to disclose information about the candidate in Section 5 of the form. Commission regulations require that the Statement of Organization disclose the name of the candidate, the office sought (including State and Congressional district, when applicable), and party affiliation of the candidate. (11 CFR § 102.2(a)(v)) Please amend your Statement of Organization to include the State.

was missing this info

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

A copy of FEC FORM 1 can be downloaded from the FEC website at http://www.fec.gov, or requested through the FEC Faxline at (202) 501-3413. For additional information about the report review process or specific filing information for your committee type, please visit http://www.fec.gov/rad/. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please

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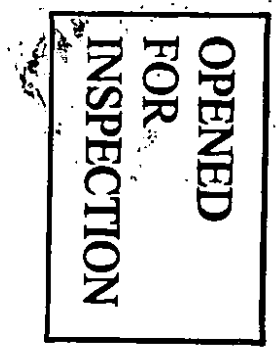
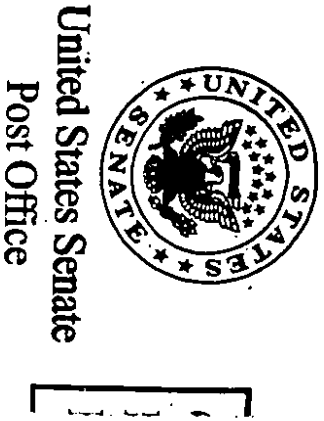
20161103020065872





CHARLES MARSALA
(504) 900-1421
THE UPS STORE #5142
2117 VETERANS MEMORIAL BLVD
METAIRIE LA 70002-6321

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 27 OCT 2016

SHIP OFFICE OF PUBLIC RECORDS
TO: SECRETARY OF THE SENATE
2132 U S SENATE

WASHINGTON DC 20510-2100

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Senate Post Office
NOV 01 2016

MD 201 9-48

UPS GROUND
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JULIE E. ADAMS
SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____ _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	10-27-16	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

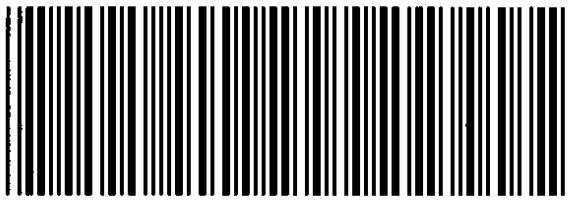
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

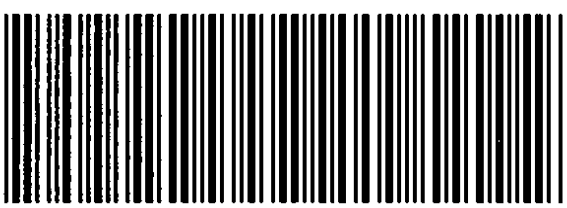
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 11-3-16

4/04/16



SEN PATCH



SEN PATCH