Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Andie Saizan for U.S. Congress 24602 LA HWY 42 ADDRESS (number and street) (Check if address is changed) Holden 70744 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS andie.saizan@gmail.com (Check if address is changed) Optional Second E-Mail Address info@voteandie.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.voteandie.com (Check if address is changed) DATE 2018 C00676569 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. Saizan, Shawn, , , Type or Print Name of Treasurer Saizan, Shawn, , , [Electronically Filed] 05 16 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 F	orm 1 (Revised 02/2009)	Page 2	
	COMMITTEE		
	re Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	\	
(α)		,	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate	Saizan, Andie, , ,		
Candidate Party Affilia	tion DEM Office Sought: X House Senate President	State LA District 06	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co	mmittee: (National, State	(Democratic,	
(d)	This committee is a or subordinate) committee of the	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)	egregated 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 Fur	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
Cor	nmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number C		
4			

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		, ago o
Andie Saizan fo	r U.S. Congress	
	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
,		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponso
Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the pe	erson in possession of committee
Saizan, Sh Full Name	awn, , ,	
Mailing Address	PO BOX 639	
Mailing Address		
	Springfield LA	70462
Title or Position	CITY STATE	ZIP CODE
Treasure	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name Saizan, Sh of Treasurer	awn, , ,	
Mailing Address	PO BOX 639	
	Springfield	70462
Title or Position Treasure	CITY STATE Telephone number	ZIP CODE

FEC For n	n 1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent	Ohmer, Margie, , ,				
Mailing Address	PO BOX 639				
	Sprinfield LA 70462				
Title or Position Assistant Treas	CITY STATE ure Telephone number	ZIP CODE			
 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. 					
	Hancock Whitney				
Mailing Address	27373 Tighway 42				
	Springfield LA 70744				
	CITY STATE	ZIP CODE			
Name of Bank, [Depository, etc.				
Mailing Address					
	CITY STATE	ZIP CODE			