Image# 11971567943 PAGE 1 / 4

FEC FORM 1		_	TATEM RGAN			=						Offic	ce Use	Only			
NAME OF COMMITTEE (in	n full)	,	Check if name changed)		Exampl over the			ype	1	2FE	4M5						
JOSEPH C	CAOF	OR C	ONGR	ESS	S												
		4371 ML	IRANO ROAD				<u> </u>										Ш
ADDRESS (number a	nd street)																
(Check if ac																	
is changed)		NEW OI	RLEANS						L	_A		7012	!9 		- 🗀		
				CIT	Υ				ST	ATE			Z	IP CO	DE		
COMMITTEE'S E-MA	AL ADDRES	S (Please	provide only o	ne e-ma	ail addres	ss)											
_		acao@I	oyno.edu			1 1	1 1	1 1	1 1	ı			1 1	1 1	I		ı
(Check if is change																	
COMMITTEE'S WEB	PAGE ADD	RESS (UI	RL)														
(Check if	address																
is change																	
2. DATE 10) / 12	D / Y	2011														
3. FEC IDENTIFIC	CATION NU	MBER	C	C004	55808												
4. IS THIS STATE!	MENT X	NEW	(N) Ol	R		AME	NDEC) (A)									
I certify that I have e	examined thi	s Stateme	nt and to the	best of	my kno	wledge	and	belief	it is tr	ue, c	orrect	and	compi	ete.			
Type or Print Name	of Treasurer	ANH 'JO	SEPH' CAO														
Signature of Treasure	ANH 'JC	OSEPH' CA	9		[E	lectroni	cally I	Filed]	Date	е	10	M /	12)	Y	2011	Y
NOTE: Submission of			omplete informa										enaltie	es of :	2 U.S.	.C. §4	437g.
Office					For	r further	inforr	nation	contac	t:			FC	FΩ	RM	1	

.	Office Use		For further information contact: Federal Election Commission	FEC FORM 1	
	Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)	

	FEC Fo	rm 1 (Revised 02/2009) Page 2
TYP	E OF C	COMMITTEE
Car	ndidate	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. (Complete the candidate information below.)
	ne of didate	ANH 'JOSEPH' CAO
	didate y Affiliati	Office Sought: X House Senate President
rart	y Allillati	District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Can	ne of didate	
Par	ty Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party
Poli	itical A	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.)
Join	nt Fund	draising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

	EEC Form 1	(Pavisad 02/2000)	Page ?
Write	e or Type Comm	(Revised 02/2009) nittee Name	Page 3
		CAO FOR CONGRESS	
		onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	_	organization, Anniated Committee, John Fundraising Representative, of Ecadersing	1 AC 30011301
NO	NE 		
М	ailing Address		
			-
		CITY STATE ZII	P CODE
R	elationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
	ustodian of Records	cords: Identify by name, address (phone number optional) and position of the person in possess.	ssion of committee
г.	ull Name	ANH 'JOSEPH' CAO	1
		4371 MURANO ROAD	
IVI	ailing Address		
		NEW ORLEANS , LA , 70129	
Ti	tle or Position	CITY STATE ZIF	CODE
Ľ	Candidate	Telephone number 504 - 36	7 5001
		e name and address (phone number optional) of the treasurer of the committee; and the name gent (e.g., assistant treasurer).	and address of
	ıll Name	ANH 'JOSEPH' CAO	ı
	Treasurer	J4371 MURANO ROAD	
Ma	ailing Address		
		NEW ORLEANS	
		NEW ORLEANS LA 70129	
	tle or Position Freasurer	CITY STATE ZIF Telephone number 367	P CODE
		icieptione number	

FEC Form	1 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	ANH 'JOSEPH' CAO	
Mailing Address	4371 MURANO ROAD	
	NEW ORLEANS CITY STATE ZI	IP CODE
Title or Position CANDIDATE		5001
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds holds or	accounts, rents
Banks or Other safety deposit bo Name of Bank, D Mailing Address	Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc. FIRST NBC PO BOX 61035	accounts, rents
safety deposit bo Name of Bank, D	pixes or maintains funds. Depository, etc. FIRST NBC	accounts, rents
safety deposit bo Name of Bank, D	PO BOX 61035 NEW ORLEANS LA 70161	accounts, rents
safety deposit bo Name of Bank, D	PO BOX 61035 NEW ORLEANS CITY STATE Z	
safety deposit bo Name of Bank, E Mailing Address	PO BOX 61035 NEW ORLEANS CITY STATE Z	
safety deposit bo Name of Bank, E Mailing Address	PO BOX 61035 NEW ORLEANS CITY STATE Z	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	PO BOX 61035 NEW ORLEANS CITY STATE Z	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	PO BOX 61035 NEW ORLEANS CITY STATE Z	