Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) FRIENDS OF CLYDE HOLLOWAY FOR CONGRESS PO BOX 340 ADDRESS (number and street) (Check if address is changed) FOREST HILL 71430 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CLYDEFORCONGRESS@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2014 C00548743 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. FELIX GUILLOT JR Type or Print Name of Treasurer FELIX GUILLOT JR [Electronically Filed] 09 10 2015 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

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|----------------|---------------------|---|---|
| | | OMMITTEE . | |
| Can | | 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. (Compinformation below.) | olete the candidate |
| Name Candi | | CLYDE C HOLLOWAY | |
| Candi Party | idate Affiliatio | on REP Office Sought: X House Senate President | State LA District 05 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candi | | | |
| Part | y Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. |
| Polit | ical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | nected 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 segmentation (i.e., personnected committee) | gregated 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 | Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

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|---|---|------------------------|
| Write or Type Committee Na | ame | |
| FRIENDS OF | CLYDE HOLLOWAY FOR CONGRESS | |
| 6. Name of Any Connected | d Organization, Affiliated Committee, Joint Fundraising Representative, or Leader | ship PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| · · | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | cted Organization Affiliated Committee Joint Fundraising Representative L | eadership PAC Sponsor |
| Custodian of Records: lo books and records. | dentify by name, address (phone number optional) and position of the person in po | ossession of committee |
| FELIX (| GUILLOT JR | |
| Mailing Address | 3800 PRESCOTT | |
| | ALEXANDRIA , LA , 71301 | |
| | ALEXANDRIA LA 71301 | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | 445 5564 |
| . Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the committee; and the ng., assistant treasurer). | ame and address of |
| Full Name FELIX C | GUILLOT JR | |
| Mailing Address | 3800 PRESCOTT | |
| | | |
| | ALEXANDRIA LA 71301 | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | 318 - | 445 - 5564 |

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| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit box | Depositories: List all banks or other depositories in which the committee deposits funds, holixes or maintains funds. | |
| | poxes or maintains funds. Depository, etc. RED RIVER BANK | |
| safety deposit box | oxes or maintains funds. Depository, etc. | |
| safety deposit bo Name of Bank, D | poxes or maintains funds. Depository, etc. RED RIVER BANK | |
| safety deposit bo Name of Bank, D | poxes or maintains funds. Depository, etc. RED RIVER BANK | |
| safety deposit bo Name of Bank, D | RED RIVER BANK 600 JACKSON STREET | ZIP CODE |
| safety deposit bo Name of Bank, D | RED RIVER BANK 600 JACKSON STREET ALEXANDRIA CITY STATE | |
| safety deposit box Name of Bank, D Mailing Address | RED RIVER BANK 600 JACKSON STREET ALEXANDRIA CITY STATE | |
| safety deposit box Name of Bank, D Mailing Address Name of Bank, D | RED RIVER BANK 600 JACKSON STREET ALEXANDRIA CITY STATE | |
| safety deposit box Name of Bank, D Mailing Address | RED RIVER BANK 600 JACKSON STREET ALEXANDRIA CITY STATE | |
| safety deposit box Name of Bank, D Mailing Address Name of Bank, D | RED RIVER BANK 600 JACKSON STREET ALEXANDRIA CITY STATE | |
| safety deposit box Name of Bank, D Mailing Address Name of Bank, D | RED RIVER BANK 600 JACKSON STREET ALEXANDRIA CITY STATE | |