Office

Use

Only

STATEMENT OF ORGANIZATION

10/04/2018 15 : 44 PAGE 1 / 4 =

FEC FORM 1

(Revised 06/2012)

FORM 1		Onda	INIZA	IIOI	•							
									Office	e Use C	nly	
NAME OF COMMITTEE (in	n full)	(Check if is changed		Example over the	:If typing, lines.	type	12F	E4M5				
LOUISIANA	AACTI	ON COMN	/ITTEE	FOF	RUF	RALI	ELE(CTF	RIFI	CAT	ΓΙΟΝ	1
ADDRESS (number a	nd street)	10725 AIRLINE HV	VY 									
(Check if a is changed				1 1 1			1 1	1 1			1 1	, , , , ,
is changed	1)	BATON ROUGE				, 1	LA	1	70816	3	1_1	
		CITY 🛦					STATE			Z	IP COE	DE A
COMMITTEE'S E-MA	AIL ADDRES	SS										
(Check if a is changed		accounting@al	ec.coop	1 1 1		1 1 1	1 1	1 1	1 1		1 1	, , , , ,
io onangeo	<i>-</i> /	Optional Second E	E-Mail Addre	ss								
COMMITTEE'S WEB (Check if a is changed	address	PRESS (URL)										
2. DATE 10		2018										
3. FEC IDENTIFIC	CATION NU	MBER ▶	C cood	083337								
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMENDE	D (A)						
I certify that I have e	examined thi	s Statement and to	the best of	my know	ledge and	belief it	is true,	correct	and c	omplet	e.	
Type or Print Name of	of Treasurer	Pierce, Beama, Cr	aig, ,									
Signature of Treasure	er Pierce	Beama, Craig, ,		[Elec	etronically I	iled]	Date	10	W /	04	/ Y	2018
NOTE: Submission of		ous, or incomplete in		-						enalties	of 2 U.S	S.C. §437g.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

	_
FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
LOUISIANA ACTION COMMITTEE FOR RUR	AL ELECTRIFICATION

L	_OUISIANA /	ACTION COMMITTEE	FOR RURAL E	LECTRIFICATION
6.	Name of Any Connect	ted Organization, Affiliated Committee, Jo	pint Fundraising Representat	ive, or Leadership PAC Sponsor
A	ction Committee f	for Rural Electrification		
		4204 Wilson Blod		
	Mailing Address	4301 Wilson Blvd		
		Arlington	VA	22203-1860
		CITY	STATE	ZIP CODE
	Relationship: Conn	nected Organization 🗶 Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
' .	Custodian of Records: books and records.	: Identify by name, address (phone number	optional) and position of th	e person in possession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
3.	Treasurer: List the nam any designated agent (e	e and address (phone number optional) c e.g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
	Full Name Pierce of Treasurer	e, Beama, Craig, ,		
	Mailing Address	10725 Airline Highway		
		Baton Rouge	LA LA	70816
	Title or Position	CITY	STATE	ZIP CODE
	Treasurer		Telephone number	225

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, holices or maintains funds. epository, etc.	as addeding, rong
safety deposit boxo Name of Bank, De	es or maintains funds.	
safety deposit box Name of Bank, De	es or maintains funds. epository, etc. Whitney Bank	
safety deposit boxo Name of Bank, De	whitney Bank PO Box 4019	
safety deposit boxo Name of Bank, De	es or maintains funds. epository, etc. Whitney Bank	
safety deposit boxo Name of Bank, De	whitney Bank PO Box 4019	ZIP CODE
safety deposit boxo Name of Bank, De	Whitney Bank PO Box 4019 Gulfport Gulfport CITY STATE	
safety deposit boxon Name of Bank, Designation Mailing Address	Whitney Bank PO Box 4019 Gulfport Gulfport CITY STATE	
safety deposit boxon Name of Bank, Designation Mailing Address	Whitney Bank PO Box 4019 Gulfport Gulfport CITY STATE	
safety deposit boxon Name of Bank, Designation Mailing Address	Whitney Bank PO Box 4019 Gulfport Gulfport CITY STATE	
safety deposit boxon Name of Bank, De Mailing Address Name of Bank, De Land Control of Bank, De	Whitney Bank PO Box 4019 Gulfport Gulfport CITY STATE	
safety deposit boxon Name of Bank, De Mailing Address Name of Bank, De Land Control of Bank, De	Whitney Bank PO Box 4019 Gulfport Gulfport CITY STATE	