FEC

Only

STATEMENT OF

PAGE 1/9

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. GARRET GRAVES FOR CONGRESS PO BOX 64845 ADDRESS (number and street) (Check if address is changed) **BATON ROUGE** 70896 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address INFO@GARRETGRAVES.COM is changed) Optional Second E-Mail Address GRAVES@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.GARRETGRAVES.COM (Check if address is changed) DATE 2023 C00558486 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. Type or Print Name of Treasurer SLAUGHTER, CHRISTEL, , SLAUGHTER, CHRISTEL, . . Date 11 03 2023 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
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 information below.)	ne candidate
Name of Candidate GRAVES, GARRET, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State LA District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Dictrict GC
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	ic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	_
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid Pa	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised (*				Page 3
۷	Nrite or Type Committee Name	-				
_	GARRET GRAV	<u>/ES FO</u> R C	ONGRESS			
6.	Name of Any Connected O	Organization, Affilia	nted Committee, Joint	Fundraising Repre	esentative, or Le	eadership PAC Sponsor
	GARRET GRAVES	VICTORY FUN	1D			, , , , , , , , , , , , , , , , , , ,
	Mailing Address	PO BOX 64845				
	5					
		DATONICO			1.0	
		BATON ROUGE			LA Z	0896
			CITY A		STATE ▲	ZIP CODE ▲
	Relationship: Connected	d Organization A	Affiliated Organization	★ Joint Fundraising	Representative	Leadership PAC Spons
	- pr	, 1	- g40011	23.0001		C Sports
_						
7.	Custodian of Records: Ident	tify by name, addres	ss (phone number opt	ional) and position c	of the person in po	ssession of committee
	books and records.					
		BRADLEY, T., MR.,				
	Full Name	<u> </u>				
	Mailing Address	C/O RED CURVE	SULUTIONS			
		138 CONANT ST,	SUITE 401	1 1 2 2 2		
		BEVERLY				1915
		SEVENLI			IVIA 0	
			CITY A		STATE ▲	ZIP CODE ▲
	Title or Position ▼					
	ASSISTANT TREASURER		1 1 1 1 I	Telephone num	nber 617	- 303 - 6800
				TOTOPHONE HUN		
	Treasurer: List the name an	nd address (phone)	number ontional) of t	the treasurer of the	committee: and	the name and address of
J.	any designated agent (e.g.,			aro aroasulti Ul IIIE	Johnninger, allu	o namo ana address Ul
	Full Name SLAUGHT	TER CHDISTEI				
	of Treasurer	ΓΕR, CHRISTEL, , ,				
	Mailing Address	PO BOX 64845				
	waming Address					
		BATON ROUGE			LA 7	0896
			CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼		OHT A		SIMIE =	ZIF CODE A
	TREASURER		, I		617	303 6800
				Telephone num	nber] - [

Telephone number

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	CRATE, BRADLEY, T., ,		
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT ST, SUITE 401		
	BEVERLY	MA	01915
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
ASSISTANT TRE		number [617 - 303 - 6800
	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVENUE		
	MCLEAN	L VA ⊥	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	IBERIA BANK	1 1 1 1 1	
Mailing Address	200 WEST CONGRESS STREET		
	LAFAYETTE	LA	70501
	CITY ▲	STATE ▲	ZIP CODE ▲

D	9	
Page	of ⁹	

ated Agent: Identify by name, address (phone number – optional) Name	h). Joint Fundraisi	ig i ai dolpaid.		
FEC ID number C FEC ID number	1.		FEC ID number	С
of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sport GRAVES LEADERSHIP FUND Connected Organization	2.		FEC ID number	С
of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sport of Any Connected Organization Affiliated Committee	3.		FEC ID number	C
A GRAVES LEADERSHIP FUND Italiang Address	4.		FEC ID number	C
A GRAVES LEADERSHIP FUND Italiang Address				
lailing Address 2345 GRAND, 18TH FLOOR	lame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
Elationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC S ated Agent: Identify by name, address (phone number – optional) Name Iling Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲	SAM GRAVES LEAD	DERSHIP FUND		
Elationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC S ated Agent: Identify by name, address (phone number – optional) Name Iling Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲				
Elationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC S ated Agent: Identify by name, address (phone number – optional) Name Iling Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	Mailing Adduses	2345 GRAND, 18TH FLOOR		
TLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲	Mailing Address			
TLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲		KANGAGGITV	MO	04400
Connected Organization Affiliated Committee				
ated Agent: Identify by name, address (phone number – optional) Name Iling Address CITY ▲ STATE ▲ ZIP CODE ▲	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
TLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲			oint Fundraising Representa	Leadership PAC Sp
ILE OR POSITION ▼			oint Fundraising Representa	Leadership PAC Spo
ILE OR POSITION ▼	esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
ILE OR POSITION ▼	esignated Agent: Identi		oint Fundraising Representa	Leadership PAC Sp
	esignated Agent: Identi		oint Fundraising Representa	Leadership PAC Sp
	esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
or Other Depos	esignated Agent: Ide			
	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
OCCIVITY OLOD DAINI, 14.74.	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
ory, etc. P.O. BOX 410889	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, COUN	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
ory, etc. P.O. BOX 410889	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
ory, etc. P.O. BOX 410889	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. ITRY CLUB BANK, N.A. P.O. BOX 410889	STATE Telephone Number ch the committee deposit	ZIP CODE s funds, holds accounts, rents

Page	of ⁹	
raue	OI .	

(h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Jointy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. OF ZACHARY	STATE A Telephone Number	ZIP CODE A

Page	of ⁹	
rade	OI	

(h). Joint Fundrais	g				
1.			FEC ID numb	er C	<u> </u>
2.			FEC ID numb	er C	
3.			FEC ID numb	er C	
4.			FEC ID numb	er C	
lame of Any Connected	l Organization, Affiliated	Committee, Joint Fu	ndraising Represent	ative, or L	eadership PAC Spons
Mailing Address					
Relationship:		CITY A	STATE		ZIP CODE A
	ed Organization Affiliat		oint Fundraising Repre	sentative	Leadership PAC Sp
				sentative	Leadership PAC Sp
esignated Agent: Ident				sentative	Leadership PAC Sp
esignated Agent: Ident				sentative	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phor	ne number – optional			
esignated Agent: Ident	fy by name, address (phor				ZIP CODE A
resignated Agent: Ident Full Name Mailing Address	fy by name, address (phor	ne number – optional			
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessity.	fy by name, address (phore in the price in	ne number – optional	STATE Telephone Number		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or name of Bank, are pository, etc.	fy by name, address (phore the interest of the	ne number – optional	STATE Telephone Number	posits funds	ZIP CODE A

	^
Page	of ⁹

1		1		
2.			FEC ID number	C
			FEC ID number	С
3.			FEC ID number	C
4			FEC ID number	С
Name of Any Connected	Organization, Affiliated Cor	nmittee, Joint Fundrai	sing Representative	e, or Leadership PAC Spons
Mailing Address				
				ZIP CODE A
Relationship:	CIT	Y ▲	SIAIL	
Connected esignated Agent: Identify	CIT organization Affiliated of by name, address (phone r		STATE ▲	
Connected Designated Agent: Identify Full Name	d Organization Affiliated (Committee Joint F		
Connected Pesignated Agent: Identify	d Organization Affiliated (Committee Joint F		
Connected Designated Agent: Identify Full Name	d Organization Affiliated (Committee Joint F		
Connected Designated Agent: Identify Full Name	d Organization Affiliated of the property of t	Committee Joint F	rundraising Representa	Leadership PAC Sport
Connected Designated Agent: Identify Full Name	d Organization Affiliated of the property of t	Committee Joint F		

Page	of ⁹	
rage	OI	

rganization, Affiliated		FEC FEC	ID number ID number ID number ID number	C C C	
		FEC FEC	ID number	C	
		FEC	ID number	С	
rganization, Affiliated	Committee, Joint	Fundraising R			
		_	epresentativ	e, or Leadership PAC	Spons
	CITY A		STATE A	ZIP COD	F A
		7			
		onal)			
<u> </u>		onal) 			1 1 1
	CITY	nai)	STATE A	ZIR CODE	
	CITY A	nnai)	STATE A	ZIP CODE	
	Organization Affilia		Organization Affiliated Committee Joint Fundrais		