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STATEMENT OF **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. GARRET GRAVES FOR CONGRESS PO BOX 64845 ADDRESS (number and street) (Check if address is changed) BATON ROUGE 70896 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS INFO@GARRETGRAVES.COM (Check if address 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 2020 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. SLAUGHTER, CHRISTEL, , , Type or Print Name of Treasurer SLAUGHTER, CHRISTEL, , , [Electronically Filed] 01 23 2020 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 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below	
(a) This committee is a principal campaign committee. (Complete the candidate information below	OW.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of Candidate GRAVES, GARRET, , ,	
Candidate Party Affiliation REP Sought: House Senate President	State
Tarty Alliadion Sought. P House Senate Hesident	District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political 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 committee. (i.e., nonconnected committee)	segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo 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 committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

I			
FEC Form 1 (Revised			Page 3
Write or Type Committee Name			
GARRET GRAY	VES FOR CONGRES	<u> </u>	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponsor
GARRET GRAVES VI	CTORY FUND		
Mailing Address	PO BOX 64845		
	BATON ROUGE	LA	70896
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Represer	tative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number op	tional) and position of the	person in possession of committee
CRATE, B	RADLEY, T., MR.,		
Full Name	,C/O RED CURVE SOLUTIONS		
Mailing Address			
	138 CONANT ST, 2ND FLOOR		
	BEVERLY	MA L	01915
Title or Position	CITY	STATE	ZIP CODE
ASSISTANT TREASURER		Telephone number	617 - 303 - 6800
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee	e; and the name and address of
Full Name SLAUGHT of Treasurer	ER, CHRISTEL, , ,		
Mailing Address	PO BOX 64845		
	BATON ROUGE	LA	70896
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	617 - 303 - 6800

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated Agent CRAT	ΓΕ, BRADLEY, Τ., MR.,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT ST, 2ND FLOOR	
	BEVERLY MA	
Title or Position ASSISTANT TREASUR	RER	617 - 303 - 6800
safety deposit boxes or Name of Bank, Deposite	ory, etc.	posits lunas, noias accounts, rents
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. AIN BRIDGE BANK	posits lunas, noias accounts, rents
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc.	posits lunas, noias accounts, rents
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. AIN BRIDGE BANK 1445-A LAUGHLIN AVENUE	
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. AIN BRIDGE BANK	
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. AIN BRIDGE BANK 1445-A LAUGHLIN AVENUE	/A
safety deposit boxes or Name of Bank, Deposite	maintains funds. ory, etc. AIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STAT	/A
safety deposit boxes or Name of Bank, Deposite CHA Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. AIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STAT	/A
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safety deposit boxes or Name of Bank, Deposite CHA Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. AIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STAT ory, etc. RIA BANK 200 WEST CONGRESS STREET	/A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
	SAM GRAVES LE	EADERSHIP FUND		
	Mailing Address	2345 GRAND, 18TH FLOOR		
		KANSAS CITY	MO	64108
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	t Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		I
	Mailing Address	1		
	Walling Address			
		OUTV		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	- -
9.	safety deposit boxes or ma	ories: List all banks or other depositories in which aintains funds. ITRY CLUB BANK, N.A.		funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds.		s funds, holds accounts, rents
9.	safety deposit boxes or management with the safety deposit boxes of th	aintains funds. ITRY CLUB BANK, N.A.		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. ITRY CLUB BANK, N.A.		s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.	1		
		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	I Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
	AT REPUBLICANS HELP		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
			ZIP CODE ▲
		STATE ▲ nt Fundraising Representa	
Connecte			_
Connecte Designated Agent: Identi	ed Organization Affiliated Committee		_
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		_
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join Join Join Join Join Join Join Joi	nt Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join Jo		_

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

1.	g) or (h). Joint Fundr	raising Participant:	
3.	1	FEC I	D number C
A. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 8. Designated Agent: Identify by name, address (phone number – optional) Full Name	2.	FEC I	D number C
A. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 8. Designated Agent: Identify by name, address (phone number – optional) Full Name	3.	 	D number C
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso 8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —		FEC I	D number
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso Besignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number			
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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 8. Designated Agent: Identify by name, address (phone number – optional) Full Name			
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 8. Designated Agent: Identify by name, address (phone number – optional) Full Name	Relationship:	CITY A	STATE A ZIP CODE A
8. Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number 9. 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.			
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number 9. 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.			
9. 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.		dentify by name, address (phone number – optional)	
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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.	Full Name	dentify by name, address (phone number – optional)	
safety deposit boxes or maintains funds.	Full Name L	CITY A	
Name of Bank, Depository, etc. 525 E NEW RIVER STREET	Full Name L	TION V	STATE A ZIP CODE A
CITY ▲ STATE ▲ ZIP CODE ▲	Full Name Mailing Address TITLE OR POSITE Banks or Other Deposafety deposit boxes of Name of Bank, Depository, etc.	TION ▼ CITY ▲ Telephone Nositories: List all banks or other depositories in which the commor maintains funds. VESTAR BANK 525 E NEW RIVER STREET s	STATE ZIP CODE Number ittee deposits funds, holds accounts, rents