

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

## GARRET GRAVES FOR CONGRESS

ADDRESS (number and street) PO BOX 64845

(Check if address is changed)

BATON ROUGE LA 70896  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) INFO@GARRETGRAVES.COM

Optional Second E-Mail Address  
GRAVES@REDCURVE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.GARRETGRAVES.COM

2. DATE 03 / 22 / 2017

3. FEC IDENTIFICATION NUMBER C C00558486

4. 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, , ,

Signature of Treasurer SLAUGHTER, CHRISTEL, , , [Electronically Filed] Date 03 / 22 / 2017

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.

5. TYPE OF COMMITTEE

**Candidate 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.)

Name of Candidate GRAVES, GARRET, , ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  LA 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 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.)

**Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# GARRET GRAVES FOR CONGRESS

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

GARRET GRAVES VICTORY FUND

Mailing Address PO BOX 64845

BATON ROUGE LA 70896

CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name CRATE, BRADLEY, T., ,

Mailing Address C/O RED CURVE SOLUTIONS  
138 CONANT ST, 2ND FLOOR  
BEVERLY MA 01915

CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 617 - 303 - 6800

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer SLAUGHTER, CHRISTEL, , ,

Mailing Address PO BOX 64845

BATON ROUGE LA 70896

CITY STATE ZIP CODE

Treasurer Telephone number 617 - 303 - 6800

Full Name of Designated Agent

CRATE, BRADLEY, T., ,

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST, 2ND FLOOR

BEVERLY

MA

01915

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

617

303

6800

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.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVENUE

MCLEAN

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

IBERIA BANK

Mailing Address

200 WEST CONGRESS STREET

LAFAYETTE

LA

70501

CITY

STATE

ZIP CODE