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) is changed) over the lines. Build USA PAC 650 Poydras Street ADDRESS (number and street) Suite 2000 (Check if address is changed) **New Orleans** 70130 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS blake.corley@egenberg.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2022 C00817650 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. Corley, Blake, , , Type or Print Name of Treasurer Corley, Blake, , , [Electronically Filed] 06 80 2022 Signature of Treasurer Date 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

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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					
Candidate Office House Senate President	State District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(d) This committee is a	nocratic, ublican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:				
Corporation Corporation w/o Capital Stock	abor Organization				
Membership Organization Trade Association C	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.)					
(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 (Hy	brid PAC).				
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.					
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					
C					

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W	/rite or Type Committee Name				
	Build USA PAC				
6.	Name of Any Connected Or NONE	ganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor		
	Mailing Address				
		CITY ▲ STATI	E ▲ ZIP CODE ▲		
	Relationship: Connected				
	Connected	Signification Signification South Fundraising Reple	Leadership FAO Sponso		
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the p	person in possession of committee		
	Corley, Blak	e,,,			
	Full Name				
	Mailing Address	650 Poydras Street			
		Suite 2000			
		New Orleans	70130		
		CITY ▲ STATI	E ▲ ZIP CODE ▲		
	Title or Position ▼	311 <u>-</u> 3141			
	Treasurer	Telephone number	504 - 229 - 5700		
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 Corley, Blak	e,,,			
	of Treasurer				
	Mailing Address	650 Poydras Street			
		Suite 2000			
		New Orleans	70130		
		CITY ▲ STAT	E ▲ ZIP CODE ▲		
	Title or Position ▼				
		Telephone number	504 - 229 - 5700		

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	Full Name of	(10.000.01.00)					
	Designated Agent						
	Mailing Address						
	Title or Position		STATE A	ZIP CODE ▲			
		Telephone number	oer				
		Depositories: List all banks or other depositories in which the committee ces or maintains funds.	e deposits funds, hold	ls accounts, rents			
	Name of Bank, Depository, etc.						
		First Guaranty Bank					
	Mailing Address	500 W Pine St					
		Ponchatoula	LA 70454				
		CITY ▲	STATE A	ZIP CODE ▲			
Name of Bank, Depository, etc.							
	Mailing Address						
		CITY ▲ S	STATE A	ZIP CODE ▲			