PAGE 1 / 4 =

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. Make Louisiana Great Again 2900 Clearview Parkway ADDRESS (number and street) Suite 206 (Check if address is changed) Metairie 70006 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gregmosing@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00629444 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Mosing, Greg, , , Type or Print Name of Treasurer Mosing, Greg,,, [Electronically Filed] 10 16 2019 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

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Rev	rised 02/2009)	Page 3
Write or Type Committee		V
Make Louisia	ana Great Again	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
NONE		
Mailing Address		
3		
		1
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the per	son in possession of committee
Mosi Full Name	ing, Greg, , ,	
Mailing Address	308 Sawgrass Lane	
Mailing Address		
	Broussard	70518
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	7 552 3296
	ne and address (phone number optional) of the treasurer of the committee; a e.g., assistant treasurer).	and the name and address of
Full Name Mosin	ng, Greg, , ,	
Mailing Address	308 Sawgrass Lane	
	Broussard LA	70518
Title or Position Treasurer	CITY STATE 33 1	ZIP CODE 7 - 552 - 3296
	icicprione number	

I LO I OIIII I (R	evised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			1 2
	Telepho	one number	
Name of Bank, Deposit		January 11	
safety deposit boxes or Name of Bank, Deposit Wh Mailing Address	r maintains funds. tory, etc.	LA 1 7013	
Name of Bank, Deposit	r maintains funds. tory, etc. nitney Bank 610 Poydras Street		
Name of Bank, Deposit	r maintains funds. tory, etc. nitney Bank 610 Poydras Street		
Name of Bank, Deposit	r maintains funds. tory, etc. iitney Bank 610 Poydras Street New Orleans CITY	LA 7013	
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