Only

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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. DEMOCRATIC STATE CENTRAL COMMITTEE OF LA PO Box 4385 ADDRESS (number and street) (Check if address is changed) Baton Rouge 70821 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS pwhough@politicalcfos.com (Check if address is changed) Optional Second E-Mail Address mbrister@lademo.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.lademo.org (Check if address is changed) DATE 2023 C00071365 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. Bruno, Sean, , , Type or Print Name of Treasurer Bruno, Sean,,, [Electronically Filed] Date 04 19 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

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Candidate ''','','',',',',',',',',',',',',',',',	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	d committee.
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) committee of the	(Democratic, DEM 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.	Осороналис
(f) This committee supports/opposes more than one Federal candidate, and is NO committee. (i.e., nonconnected committee)	T a separate 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)
	•
(g) This committee is an independent expenditure-only political committee (Super P	AU).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	ion accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	•
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
1.	C
	C

Title or Position ▼

Treasurer

	_					
	FEC Form 1 (Revise	-				Page 3
VV	/rite or Type Committee Na					
		IC STATE CE				
Ö.		roots Victory Fund		undraising Repre	esentative, or L	eadership PAC Sponsor
	Mailing Address	430 South Capitol St.	SE			
		Washington			DC 2	20003
			OITV A			7ID CODE A
			CITY ▲	1	STATE ▲	ZIP CODE ▲
	Relationship: Connec	eted Organization Affili	ated Organization	Joint Fundraising	Representative	Leadership PAC Sponso
7.	Custodian of Records: lo books and records.		phone number option	nal) and position o	of the person in po	ossession of committee
	Brister, Full Name	Michelle, , ,				
		PO Box 4385				
	Mailing Address					
		Baton Rouge			LA 7	70821
			CITY ▲		STATE A	ZIP CODE ▲
	Title or Position ▼					
	Director			Telephone num	nber 225	931 2745
3.	Treasurer: List the name any designated agent (e.		mber optional) of the	e treasurer of the	committee; and	the name and address of
	Bruno	Sean, , ,				
	Full Name Bruno, of Treasurer					
	Mailing Address	PO Box 4385				
	Mailing Addiess					
		Baton Rouge			LA L	70821
			CITY A		STATE ▲	ZIP CODE ▲

225

Telephone number

336

4155

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Title of Position •			
	Telep	phone number	
safety deposit boxe	epositories: List all banks or other depositories in which the s or maintains funds.	e committee deposits fun-	ds, holds accounts, rents
Name of Bank, De	pository, etc.		
Į	Hancock Whitney National Bank		
Mailing Address	445 North Blvd		
	Baton Rouge	LA LA [70802
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		
ا	Amalgamated Bank		
Mailing Address	275 Seventh Avenue		
	New York	NY	10011
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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5(g)	or(h). Joint Fundraising	յ Participant։		
	1		FEC ID number	С
	2.		FEC ID number	С
	3		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	430 South Capitol Street SE		
		WASHINGTON	, , DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fu	undraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	E II Nome I			1
	Full Name			
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	V		ZIP CODE A
9.	Mailing Address TITLE OR POSITION	Telepies: List all banks or other depositories in which the	STATE ▲ phone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor	Telepies: List all banks or other depositories in which the	STATE ▲ phone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	Telepies: List all banks or other depositories in which the	STATE ▲ phone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telepies: List all banks or other depositories in which the	STATE ▲ phone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Telepies: List all banks or other depositories in which the	STATE ▲ phone Number	

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Dollars for Demod	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
			1 1 1 1 1 1 1 1 1
Mailing Address	430 SOUTH CAPITOL, NE		1 1 1 1 1 1 1 1 1 1
	SUITE 300		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	y by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	CITY A	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or main and of Bank, repository, etc.	CITY A	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main arms of Bank, epository, etc.	CITY A	Telephone Number	

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

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h). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Democratic Nation			
Mailing Address	430 SOUTH CAPITOL, NE		
Mailing Address	SUITE 300		
	WASHINGTON	, DC	20003
Deleteration			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and and and and and and and and	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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Banks or Other Depositors depositors of Bank, Depository, etc. Mailing Address		aks or other depositories i			s funds, ho	olds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.		nks or other depositories i			s funds, ho	olds accounts, rents
Banks or Other Depositorsafety deposit boxes or management		nks or other depositories i			s funds, ho	olds accounts, rents
Banks or Other Depositorsafety deposit boxes or management		nks or other depositories i			s funds, ho	olds accounts, rents
TITLE OR POSITION			Totopriorio	inumber		
TITLE OR POSITION		1 1 1 1 1 1 1	Telephone	Nimahau	-	1 1
	▼	CITY 🛦		STATE ▲		ZIP CODE ▲
						-
Mailing Address			<u> </u>			
Full Name	y by hame, addi					
Designated Agent: Identif				ing riepresent		Leadership 1 AC Spo
	d Organization	Affiliated Committee	✗ Joint Fundrais		ative	Leadership PAC Spo
Relationship:	LaFayette	CITY A		STATE A	70506	ZIP CODE A
	I o Same Wee			1.4	70500	
Mailing Address	114 Beaucha	mp Lane				
Friends of State [Jemocratic F	~arties 				
Name of Any Connected			nt Fundraising R	epresentativ	e, or Leade	ership PAC Sponso
4			FEC	ID number	C	
				ID number	C	
3.				ID number	C	
2				ID number	С	