

# 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

Brandon Jolicoeur For Congress

ADDRESS (number and street) 5737 Rhodes Ave

(Check if address is changed)

New Orleans LA 70131  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

geaux4brandon@gmail.com

Optional Second E-Mail Address  
geaux4brandon@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.geaux4brandon.com

2. DATE 03 / 05 / 2021

3. FEC IDENTIFICATION NUMBER ▶ C C00771683

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 Jolicoeur, Brandon, , ,

Signature of Treasurer Jolicoeur, Brandon, , , [Electronically Filed] Date 03 / 05 / 2021

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 Jolicoeur, Brandon, Phillip, ,

Candidate Party Affiliation  NPA  Office Sought:  House  Senate  President State  LA District  02

- (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

# Brandon Jolicoeur For Congress

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

NONE

Mailing Address

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 Jolicoeur, Brandon, , ,

Mailing Address 5737 Rhodes Ave

New Orleans LA 70131

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 225 - 259 - 0658

**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 Jolicoeur, Brandon, , ,

Mailing Address 5737 Rhodes Ave

New Orleans LA 70131

Title or Position of Treasurer CITY STATE ZIP CODE

Treasurer Telephone number 225 - 259 - 0658

Full Name of Designated Agent Jolicoeur, Brandon, , ,

Mailing Address 5737 Rhodes Ave

[Empty address line]

New Orleans LA 70131

CITY STATE ZIP CODE

Title or Position Director/Candidate Telephone number 225 - 259 - 0658

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.

Regions Bank

Mailing Address 101 Wall Blvd

[Empty address line]

Gretna LA 70056

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line]

CITY STATE ZIP CODE