

**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

Fleming for Louisiana, Inc.

ADDRESS (number and street)

PO Box 1362



(Check if address is changed)

Minden

CITY ▲

LA

STATE ▲

71058-1362

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

outsourcing@aristotle.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.flemingsenatecampaign.com

2. DATE

MM / DD / YYYY
08 / 19 / 2026

3. FEC IDENTIFICATION NUMBER ►

C

C00597013

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 Shaw, Susan, J., Mrs.,

Signature of Treasurer Shaw, Susan, J., Mrs.,

Date

MM / DD / YYYY
08 / 19 / 2026

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Fleming for Louisiana, Inc.

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 Organization ☐ 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 Shaw, Susan, J., Mrs.,

Mailing Address 697 Fleming Lane

Minden

LA

71055-3073

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

318

377

6665

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 Shaw, Susan, J., Mrs.,

Mailing Address 697 Fleming Lane

Minden

LA

71055-3073

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

318

377

6665

Full Name of
Designated
Agent

Breard, Jewal, , ,

Mailing Address

205 Pennsylvania Ave, SE

Washington

DC

20003-1164

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Designated Agent

Telephone number

605

430

6294

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

401 Main Street

Minden

LA

71055

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲