Only

## STATEMENT OF

PAGE 1/7

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) 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 (Check if address admin@reconcilestrategies.com 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 2025 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. Type or Print Name of Treasurer Granger, Dustin,, 11 19 2025 Signature of Treasurer Granger, Dustin, , , 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

| EC Form 1 (Revised 03/2022)                                                                                                                                                                                | Page 2                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 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 information below.)                                                                                    | e the candidate             |
| Name of Candidate                                                                                                                                                                                          |                             |
| Candidate Party Affiliation Office Sought: House Senate President                                                                                                                                          | State District              |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                                | 2.00                        |
| Name of Candidate                                                                                                                                                                                          |                             |
| Party Committee:                                                                                                                                                                                           |                             |
| (d) X This committee is a STA (National, State or subordinate) committee of the DEM Republic                                                                                                               | cratic,<br>can, etc.) Party |
| Political Action Committee (PAC):                                                                                                                                                                          |                             |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn                                                                                                    | ected organization is a:    |
| Corporation Corporation w/o Capital Stock Labor                                                                                                                                                            | or Organization             |
| Membership Organization Trade Association Coo                                                                                                                                                              | perative                    |
| In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                                  |                             |
| This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)                                                                    | gated 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 PAC).                                                                                                                     |                             |
| In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                                  |                             |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid                                                                                                   | d 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political        |
| (j) 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.         | vo or more political        |
| Committees Participating in Joint Fundraiser                                                                                                                                                               |                             |
| 1                                                                                                                                                                                                          |                             |

Title or Position ▼

Treasurer

|    | -                                                 |                                                                                                             | _                     |
|----|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------|
| •  | FEC Form 1 (Revise                                | ed 02/2009)                                                                                                 | Page <b>3</b>         |
| ٧  | Vrite or Type Committee Na                        | ame                                                                                                         |                       |
|    | DEMOCRATION                                       | C STATE CENTRAL COMMITTEE OF LA                                                                             |                       |
| 6. | Name of Any Connecte                              | d Organization, Affiliated Committee, Joint Fundraising Representative, or Leade                            | ership PAC Sponsor    |
|    | Democratic Grass                                  | sroots Victory Fund                                                                                         |                       |
|    |                                                   |                                                                                                             |                       |
|    | Mailing Address                                   | 430 South Capitol St. SE                                                                                    |                       |
|    |                                                   |                                                                                                             |                       |
|    |                                                   | Washington DC 2000                                                                                          | 3                     |
|    |                                                   | CITY ▲ STATE ▲                                                                                              | ZIP CODE ▲            |
|    | Relationship: Connec                              | cted Organization                                                                                           | Leadership PAC Sponso |
| 7. | Custodian of Records: lo books and records.       | dentify by name, address (phone number optional) and position of the person in posse                        | ssion of committee    |
|    | Brister Full Name                                 | , Michelle, , ,                                                                                             |                       |
|    | Mailing Address                                   | PO Box 4385                                                                                                 |                       |
|    |                                                   |                                                                                                             |                       |
|    |                                                   | Baton Rouge LA 7082                                                                                         | <u>1</u><br>          |
|    |                                                   | CITY ▲ STATE ▲                                                                                              | ZIP CODE ▲            |
|    | Title or Position ▼                               |                                                                                                             |                       |
|    | Director                                          | Telephone number                                                                                            | 931 – 2745            |
| 8. | Treasurer: List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the committee; and the .g., assistant treasurer). | name and address of   |
|    | Full Name Grange of Treasurer                     | er, Dustin, , ,                                                                                             |                       |
|    | Mailing Address                                   | PO Box 4385                                                                                                 |                       |
|    |                                                   |                                                                                                             |                       |
|    |                                                   | Baton Rouge LA 7082                                                                                         | 1                     |

CITY A

ZIP CODE ▲

4155

336

STATE lacktriangle

Telephone number

| FEC Form 1 (Revise                                   | ed 02/2009)                                                           |                                 | Page <b>4</b>            |
|------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------|--------------------------|
| Full Name of Designated Agent                        |                                                                       |                                 |                          |
| Mailing Address                                      |                                                                       |                                 |                          |
|                                                      |                                                                       |                                 |                          |
|                                                      |                                                                       |                                 |                          |
| Title or Position ▼                                  | CITY ▲                                                                | STATE ▲                         | ZIP CODE ▲               |
|                                                      |                                                                       | Telephone number                | ]                        |
| Banks or Other Deposit     safety deposit boxes or n | tories: List all banks or other depositories in whit naintains funds. | ch the committee deposits funds | s, holds accounts, rents |
| Name of Bank, Depositor                              | ry, etc.                                                              |                                 |                          |
| Hanc                                                 | ock Whitney National Bank                                             |                                 |                          |
| Mailing Address                                      | 445 North Blvd                                                        |                                 |                          |
|                                                      |                                                                       |                                 |                          |
|                                                      | Baton Rouge                                                           | LA 7                            | 0802                     |
|                                                      | CITY ▲                                                                | STATE ▲                         | ZIP CODE ▲               |
| Name of Bank, Depositor                              | y, etc.                                                               |                                 |                          |
| Amal                                                 | gamated Bank                                                          |                                 |                          |
| Mailing Address                                      | 275 Seventh Avenue                                                    |                                 |                          |
|                                                      |                                                                       |                                 |                          |
|                                                      | New York                                                              | NY 1                            | 0011                     |
|                                                      | CITY ▲                                                                | STATE ▲                         | ZIP CODE ▲               |

FEC Form 1S (Revised 02/2017)

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

|      | - 7  |  |
|------|------|--|
| Page | of ' |  |

| h). <b>Joint Fundraisi</b>                                                                                                                                                                      | .9 ·                                                                                                                             |                            |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 1.                                                                                                                                                                                              |                                                                                                                                  | FEC ID number              | С                         |
| 2                                                                                                                                                                                               |                                                                                                                                  | FEC ID number              | C                         |
| 3.                                                                                                                                                                                              |                                                                                                                                  | FEC ID number              | С                         |
| 4.                                                                                                                                                                                              |                                                                                                                                  | FEC ID number              | С                         |
|                                                                                                                                                                                                 |                                                                                                                                  |                            |                           |
| ame of Any Connected  Harris Victory Fund                                                                                                                                                       | Organization, Affiliated Committee, Joint Fur                                                                                    | ndraising Representativ    | e, or Leadership PAC Spon |
|                                                                                                                                                                                                 |                                                                                                                                  |                            |                           |
|                                                                                                                                                                                                 |                                                                                                                                  |                            |                           |
| Mailing Address                                                                                                                                                                                 | 430 South Capitol Street SE                                                                                                      |                            |                           |
|                                                                                                                                                                                                 |                                                                                                                                  |                            |                           |
|                                                                                                                                                                                                 | WASHINGTON                                                                                                                       | DC                         | 20003                     |
| Relationship:                                                                                                                                                                                   | CITY A                                                                                                                           | STATE ▲                    | ZIP CODE ▲                |
|                                                                                                                                                                                                 | d Organization Affiliated Committee X Joy by name, address (phone number – optional)                                             | oint Fundraising Represent | ative Leadership PAC Sp   |
|                                                                                                                                                                                                 |                                                                                                                                  | oint Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif                                                                                                                                                                        |                                                                                                                                  | oint Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif                                                                                                                                                                        |                                                                                                                                  | oint Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif                                                                                                                                                                        |                                                                                                                                  | oint Fundraising Represent | Leadership PAC S          |
| esignated Agent: Identif                                                                                                                                                                        | y by name, address (phone number – optional)                                                                                     | sint Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif  Full Name    Mailing Address                                                                                                                                          | y by name, address (phone number – optional)                                                                                     |                            |                           |
| esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION Agents or Other Deposited Agents or Other Deposited Agents or Mailing Address or mailing Agents or Mailing Address | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which                 | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor                                                                                          | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white aintains funds. | STATE A Telephone Number   | ZIP CODE A                |
| Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,                                                                                     | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white aintains funds. | STATE A  Telephone Number  | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.                                                                      | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white aintains funds. | STATE A  Telephone Number  | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.                                                                      | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white aintains funds. | STATE A  Telephone Number  | ZIP CODE A                |

FEC Form 1S (Revised 02/2017)

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

| Domo | of 7 |  |
|------|------|--|
| Page | of ' |  |

| 1.                                                          |                                                                                          |                         |                             |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------|-----------------------------|
| 1.                                                          |                                                                                          | FEC ID number           | С                           |
| 2.                                                          |                                                                                          | FEC ID number           | C                           |
| 3.                                                          |                                                                                          | FEC ID number           | С                           |
| 4.                                                          |                                                                                          | FEC ID number           | С                           |
|                                                             |                                                                                          |                         |                             |
| lame of Any Connected                                       | Organization, Affiliated Committee, Joint Funda                                          | raising Representativ   | re, or Leadership PAC Spons |
| Democratic National                                         | Committee                                                                                |                         |                             |
|                                                             |                                                                                          |                         |                             |
|                                                             |                                                                                          |                         |                             |
| Mailing Address                                             | 430 SOUTH CAPITOL, NE                                                                    |                         |                             |
|                                                             | SUITE 300                                                                                |                         |                             |
|                                                             | WASHINGTON                                                                               | DC                      | 20003                       |
|                                                             |                                                                                          | STATE A                 | ZIP CODE ▲                  |
| Relationship:                                               | CITY A                                                                                   |                         |                             |
| Connecte                                                    |                                                                                          | t Fundraising Represent | Leadership PAC Spo          |
| Connecte                                                    | d Organization Affiliated Committee X Joint                                              | t Fundraising Represent | Leadership PAC Spo          |
| Connecte Designated Agent: Identif                          | d Organization Affiliated Committee X Joint                                              | t Fundraising Represent | Leadership PAC Spo          |
| Connecte  Pesignated Agent: Identif                         | d Organization Affiliated Committee X Joint                                              | t Fundraising Represent | Leadership PAC Spo          |
| Connecte  Pesignated Agent: Identif                         | d Organization Affiliated Committee X Joint                                              | t Fundraising Represent | Leadership PAC Spo          |
| Pesignated Agent: Identification  Full Name Mailing Address | d Organization Affiliated Committee X Joint y by name, address (phone number – optional) | t Fundraising Represent | Leadership PAC Spo          |
| Connecte  Pesignated Agent: Identif                         | Affiliated Committee X Joint by by name, address (phone number – optional)  CITY         |                         |                             |

FEC Form 1S (Revised 02/2017)

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

| Paga | of 7 |  |
|------|------|--|
| Page | of ' |  |

| 1.                         |                                                |                        |                            |
|----------------------------|------------------------------------------------|------------------------|----------------------------|
| ء ا                        |                                                | FEC ID number          | С                          |
| 2.                         |                                                | FEC ID number          | С                          |
| 3.                         |                                                | FEC ID number          | С                          |
| 4.                         |                                                | FEC ID number          | С                          |
|                            |                                                |                        |                            |
| Name of Any Connected      | Organization, Affiliated Committee, Joint Fund | Iraising Representativ | e, or Leadership PAC Spons |
| Friends of State Dem       | ocratic Parties                                |                        |                            |
|                            |                                                |                        |                            |
| Mailing Address            | 114 Beauchamp Lane                             |                        |                            |
| Mailing Address            |                                                |                        |                            |
|                            | LaFayette                                      | ı LA ı                 | , 70506                    |
| Relationship:              | CITY ▲                                         | STATE A                | ZIP CODE A                 |
| rtelationship.             | CITY                                           | SIAIE                  | ZIP CODE                   |
| Designated Agent: Identify | by name, address (phone number – optional)     |                        |                            |
| Designated Agent: Identify | by name, address (phone number – optional)     |                        |                            |
|                            | by name, address (phone number – optional)     |                        |                            |
| Full Name                  | by name, address (phone number – optional)     |                        |                            |
| Full Name                  | by name, address (phone number – optional)     |                        |                            |
| Full Name                  | CITY                                           | STATE A                | ZIP CODE A                 |
| Full Name                  | CITY A                                         | STATE A                | ZIP CODE A                 |