FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Hillsborough County Republican Executive Committee 5118 N. 56th Street ADDRESS (number and street) Suite 115 (Check if address is changed) 33610 Tampa CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address admin@hillsborough.gop is changed) Optional Second E-Mail Address treasurer@hillsborough.gop COMMITTEE'S WEB PAGE ADDRESS (URL) www.hillsborough.gop (Check if address is changed) DATE 2018 C00431643 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 Bailey, Patrick, , 01 18 2024 Signature of Treasurer Bailey, Patrick, , , 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

FEC Form 1 (Revised 03/2022)	age 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 the candidate information below.)							
Name of Candidate [''''''' ''''''''''''''''''''''''''''							
Party Affiliation Sought: House Senate President	ate						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	rict						
Name of Candidate							
Party Committee: (d) This committee is a SUB (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party Committee:	arty						
Political Action Committee (PAC):							
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	iization is a.						
Corporation Corporation w/o Capital Stock Labor Organiza	tion						
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.)							
(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 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
(j) 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 Form 1 (Revised 0	2/2009)		Page 3		
٧	Vrite or Type Committee Name	1		g		
		unty Republican Exec	cutive Committee			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	Republican Party of F	[:] lorida				
	Mailing Address	P.O. Box 311				
		Tallahassee	FL.	32302		
		CITY ▲	STATE	ZIP CODE ▲		
	Relationship: Connected	Organization X Affiliated Organization	on Joint Fundraising Repre	esentative Leadership PAC Spons		
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number	optional) and position of the p	erson in possession of committee		
	Bailey, Pati	ick, , ,				
	Full Name					
	Mailing Address	5118 N 56th St				
		St 115				
		Tampa	, , , , , , , , , , , , , , , , , , ,	33610		
		CITY ▲	STATE	ZIP CODE ▲		
	Title or Position ▼	0111 =	SIAIL	211 OODL 2		
	Treasurer		Telephone number	813 - 621 - 7909		
8.	Treasurer: List the name and any designated agent (e.g., a		al) of the treasurer of the comm	nittee; and the name and address of		
	Full Name Bailey, Pati	ick, , ,				
	of Treasurer	5440 N 50th Ot				
	Mailing Address	5118 N 56th St				
		5.113				
		Tampa 		33610		
		CITY ▲	STATE	ZIP CODE ▲		
	Title or Position ▼			-		
			Telephone number	813 - 621 - 7909		

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Gay, Carmen, , ,		
Mailing Address	5118 N 56th St		
	Suite 115		
	Tampa FL		33558
Title or Decition	CITY ▲ STAT	E▲	ZIP CODE ▲
Title or Position			
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposes or maintains funds.	osits fu	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	The Bank of Tampa		
	Tampa FL		33601
	CITY ▲ STATI	E▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲ STATI	E 🛦	ZIP CODE ▲