FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

CATALYST PAC

ADDRESS (number and street) PO BOX 1329

☐ ◄ (Check if address is changed)

FORT MYERS (CITY ▲) FL (STATE ▲) 33902 - (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS

☐ ◄ (Check if address is changed) COMPLIANCE@COMPLIANCECONSULTINGVA.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◄ (Check if address is changed) CATALYSTPAC.COM

2. DATE MM 04 / DD 26 / YYYY 2013

3. FEC IDENTIFICATION NUMBER ▶ C

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 CABELL HOBBS

Signature of Treasurer *CABELL HOBBS* Date 04 / 26 / 2013

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.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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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

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(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

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Write or Type Committee Name

CATALYST PAC

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

Rep. HENRY J. RADEL III

Mailing Address: PO BOX 1329

FORT MYERS (CITY) FL (STATE) 33902 - (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: MELODIE JOHNSON

Mailing Address: PO BOX 1329

FORT MYERS (CITY) FL (STATE) 33902 - (ZIP CODE)

Title or Position: ASSISTANT TREASURER

Telephone number: 240 - 429 - 5074

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: CABELL HOBBS

Mailing Address: PO BOX 1329

FORT MYERS (CITY) FL (STATE) 33902 - (ZIP CODE)

Title or Position: TREASURER

Telephone number: 240 - 429 - 5074

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Full Name of Designated Agent: MELODIE JOHNSON

Mailing Address: PO BOX 1329

CITY: FORT MYERS STATE: FL ZIP CODE: 33902 -

Title or Position: ASSISTANT TREASURER

Telephone number: 240 - 429 - 5074

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.: FIFTH THIRD BANK

Mailing Address: 1701 BOY SCOUT DR

CITY: FORT MYERS STATE: FL ZIP CODE: 33907 -

Name of Bank, Depository, etc.:

Mailing Address:

CITY: STATE: ZIP CODE: -

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Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	5/6/13 DATE PREPARED

(3/2005)

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