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STATEMENT OF ORGANIZATION

| | | | c | Office Use Only |
|---|-------------------------------|---|---------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Don't Stop Get It G | et It | | | |
| | | | | |
| | 5924 Sheridan St | | | |
| ADDRESS (number and street) | | | | |
| is changed) | | | | |
| | | | | |
| | CITY ▲ | | STATE 🔺 | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | mrmiami305@gmail.com | | | |
| <i>c</i> , | Optional Second E-Mail Add | dress | | |
| | | | | |
| 2. DATE 01 2 | D / Y Y Y Y 4 2024 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C C | 00866905 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined th | nis Statement and to the best | of my knowledge and belief it | is true, correct an | d complete. |
| Type or Print Name of Treasure | r Campbell, Luther, , , | | | |
| Signature of Treasurer Cam | pbell, Luther, , , | | Date 01 | / 24 / Y Y Y Y 2024 |
| NOTE: Submission of false, erron | | may subject the person signing t TION SHOULD BE REPORTED | | e penalties of 52 U.S.C. §3010 |
| Office Use Only | | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| FE | C Form 1 (Revised 03/2022) | Page 2 |
|----|--|-----------------------|
| 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 t information below.) | he candidate |
| | Name of Candidate | |
| | Candidate Office Sought: House Senate President | State |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | Party Committee: (National, State or subordinate) committee of the (Democrate Republicate) | ic, n, etc.) Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect | ed organization is a: |
| | Corporation Corporation w/o Capital Stock Labor | Organization |
| | Membership Organization Trade Association Cooper | rative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee) | ed 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 F | 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.
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

| | FEC Form 1 (Revised 02/2009) | Page 3 |
|----|---|------------|
| V | Vrite or Type Committee Name | |
| | Don't Stop Get It Get It | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponso |
| | | |

| | | | _ | | Cľ | ΤY | | | | | : | STA | λΤΕ | | | ZI | ΡÓ | DE | | |
|-----------------|--|--|---|--|----|----|--|--|--|--|---|-----|-----|--|--|----|----|----|--|--|
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Campbell, | Luther, , , | | | |
|---------------------|------------------|-----|---------------|----------|
| Full Name | | | | |
| Mailing Address | 5924 Sheridan St | | | |
| | 2164 | | | |
| | Hollywood | | | 3021 |
| | CITY | Y 🔺 | STATE 🔺 | ZIP CODE |
| Title or Position ▼ | | | | |
| Treasurer | | Tel | ephone number | 779 1876 |

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 | Campbell, Luther, , , |
|---------------------------|--|
| Mailing Address | 5924 Sheridan St |
| | 2164 |
| | Hollywood FL 33021 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| | Image: Telephone number 540 779 1876 |

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|-------------------------------------|------------------|---------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY A STATE A | ZIP CODE |
| Title or Position ▼ | | |
| | Telephone number | · |

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.

| | Bank of America | | |
|-----------------|---------------------|----------|------------|
| Mailing Address | 3801 Hollywood Blvd | | |
| | | | |
| | Hollywood | FL 33021 | |
| | CITY 🔺 | STATE A | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY A | STATE A | ZIP CODE ▲ |