## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Carlos Gimenez for Congress 1421 SW 107th Ave #236 ADDRESS (number and street) (Check if address is changed) Miami  $\mathsf{FL}$ 33174 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gimenez@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://carlosgimenezforcongress.com (Check if address is changed) DATE 2020 C00735985 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. Goode, Michael, , , Type or Print Name of Treasurer Goode, Michael,,, [Electronically Filed] 09 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information belo	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.)	omplete the candidate
Name of Candidate Gimenez, Carlos, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State FL District 26
(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 of	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 committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo 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 committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Committees Participating in Joint Fundraiser	
1. EEC ID number	
2.	
3.	
4.	

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Write or Type Committee Na	ame	
Carlos Gimen	ez for Congress	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
GIMENEZ VICTORY  Mailing Address	Y COMMITTEE  824 S MILLEDGE AVE STE 101	
	ATHENS GA CITY STATE	30605 ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundraising Representa	Leadership PAC Sponsor
<ul> <li>Custodian of Records: I books and records.</li> </ul>	Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name Goode, Mailing Address	, Michael, , ,  824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; g., assistant treasurer).	and the name and address of
Full Name Goode, of Treasurer	, Michael, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 7780 7780

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FEC Forn	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Name of Bank, I	Cadence Bank	
-	Depository, etc.  Cadence Bank ,2234 W Broad St	
Name of Bank, I	Depository, etc.  Cadence Bank ,2234 W Broad St	6
Name of Bank, I	Depository, etc.  Cadence Bank  2234 W Broad St	6
Name of Bank, I	Cadence Bank  2234 W Broad St  Athens  CITY  STATE	
Name of Bank, I	Depository, etc.  Cadence Bank  2234 W Broad St  Athens  CITY  STATE  Depository, etc.  Eagle Bank  7815 Woodmont Ave	ZIP CODE
Name of Bank, I	Depository, etc.  Cadence Bank  2234 W Broad St  Athens  CITY  STATE  Depository, etc.  Eagle Bank  7815 Woodmont Ave	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
7.			
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TAKE BACK THI	E HOUSE 2022		
	PO BOX 30844		
Mailing Address	O BOX 30044		
	BETHESDA	MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi  Full Name   Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)		
Pesignated Agent: Identi  Full Name   Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)	STATE A	
Pesignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or mailing and mailing agents.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or mailing and mailing agents.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which anintains funds.  Fargo Bank	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which anintains funds.  Fargo Bank	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fund /ICTORY	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 183		
<u> </u>			
	HUDSON	ı Wi	54016
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte  Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecto	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte  Connecte	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee    y Join  fy by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee  X Join  fy by name, address (phone number – optional)  CITY   CITY		
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or markets	Affiliated Committee  Typical Joint Street S	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee  y Join fly by name, address (phone number – optional)  CITY  CITY  Ories: List all banks or other depositories in which naintains funds.  Bridge Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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(h). <b>Joint Fundraisi</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr ATRIOT DAY JFC	aising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		1 1 1 1 1 1 1 1 1 1
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
resignated Agent: Identife Full Name Mailing Address	by by name, address (phone number – optional)  CITY		
Full Name Mailing Address	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, Truist	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A