FEC

Only

STATEMENT OF **ORGANIZATION**

PAGE 1 / 17 •

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kean for Congress Inc PO Box 999 ADDRESS (number and street) (Check if address is changed) Edison 08818 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ron@rongravino.com is changed) Optional Second E-Mail Address amberle.gilroy@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00703058 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Gravino, Ronald,, Date 06 10 2024 Signature of Treasurer Gravino, Ronald, , , 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) X 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. (Comple information below.)	ete the candidate
Name of Candidate Kean, Thomas, H., , Jr.	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NJ District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	20.00
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	ocratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 (Hybro	rid 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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name		
	Kean for Congre	ss Inc	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	Kean Victory Fund		
	Mailing Address	PO Box 999	
		Edison NJ 08818	3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in posses	esion of committee
	Gravino, Ro	onald, , ,	
	Full Name	 	
	Mailing Address	PO Box 999	
		Edison	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		248 - 4178
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Gravino, Ro	onald, , ,	
	of Treasurer	₁ PO Box 999	
	Mailing Address		
		Edison NJ 08818	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	248 4178

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Gilroy, Amberle, , ,		
Mailing Address	PO Box 999		
		NI -	
	Edison	NJ 0	8818
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Asst. Treasurer	Telephone	number 732	
	Depositories: List all banks or other depositories in which the comn ses or maintains funds.	nittee deposits funds,	, holds accounts, rents
Name of Bank, D	epository, etc.		
	TD Bank		
Mailing Address	1398 Highway 9		
	Old Bridge		3857
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Wells Fargo Bank		
Mailing Address	8302 Woodmont Ave		
	Bethesda	MD 20	0814
	CITY ▲	STATE ▲	ZIP CODE ▲

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

Page of ¹⁷

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
	of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	ing Representative	e, or Leadership PAC Sponsor
1	Mailing Address	PO Box 30844		
ı	Relationship:	Bethesda CITY A	MD MD	20824
r	neiationship.	CITY	STATE ▲	ZIP CODE ▲
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	II Name	by name, address (phone number – optional)		
Fu	II Name	by name, address (phone number – optional)		
Fu Ma	II Name	CITY	STATE A	ZIP CODE A
Fu Ma	II Name	CITY A	STATE A	ZIP CODE A
9. Banks safety Name Deposi	II Nameailing Address ITLE OR POSITION or Other Depositoric deposit boxes or main	CITY CITY Telep	phone Number	

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	I Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
<u> </u>			
	₁ 824 S. Milledge Ave		
Mailing Address	Suite 101		
	Athens	ı GA ı	30605
Relationship:	CITY ▲	STATE A	ZIP CODE A
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint J		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market.	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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

h). Joint Fundraisi	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , PROTECT THE HO	Organization, Affiliated Committee, Joint Fun JSE 2024	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make the control of the control	cories: List all banks or other depositories in whice aintains funds. Bridge Bank 1445-A Laughlin Ave	STATE A Telephone Number	ZIP CODE S funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories in whice aintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A

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

h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e or Leadershin PAC Snon
Congress NJ			
Mailing Address	PO Box 999		
	Edison	NJ NJ	08818
Deletienshin	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte con	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	and Organization Affiliated Committee X Journal (19) by name, address (phone number – optional)		
esignated Agent: Ident	ed Organization Affiliated Committee X Joint Joi	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X Joint Joi		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or necessity.	and Organization	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or n ame of Bank, epository, etc.	Affiliated Committee X Journal of the state	STATE Telephone Number ch the committee deposit	ZIP CODE ZIP CODE s funds, holds accounts, rent

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

		FEC ID	number	С
		FEC ID	number	С
		FEC ID	number	C
		FEC ID	number	C
ted Organization. A	ffiliated Committee Joint	Fundraising Ren	resentative	or Leadership PAC Spon
				,
PO BOX 999				
EDISON			NJ	08818
	CITY ▲		STATE A	ZIP CODE ▲
	CITY A		STATE A	ZIP CODE A
	PO BOX 999 EDISON ected Organization	PO BOX 999 EDISON CITY Affiliated Committee	ted Organization, Affiliated Committee, Joint Fundraising Rep V 2024 PO BOX 999 EDISON CITY	PO BOX 999 EDISON CITY STATE Affiliated Committee X Joint Fundraising Representation

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

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
GROW THE MAJOR	RITY		
Mailing Address	228 S WASHINGTON ST STE 115		
9			
	ALEXANDRIA	, VA	22314
	OITY A	STATE A	ZIP CODE A
Relationship:	(.II Y A		Zii OODL Z
	cd Organization Affiliated Committee X fy by name, address (phone number – optional	Joint Fundraising Represer	ntative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	Joint Fundraising Represer	Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee	Joint Fundraising Represer	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	Joint Fundraising Represer	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X fy by name, address (phone number – optional	Joint Fundraising Represental)	
Connecte Designated Agent: Identi Full Name	Affiliated Committee X fy by name, address (phone number – optional	Joint Fundraising Represer	Leadership PAC Spontative Leadership PAC Spontative

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

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	sieina Ponrocontativ	or Leadership PAC Sponsor
0.	EMMER MAJORITY	-	noing representative	, or Leadership PAC Sponsor
	Mailing Address	824 S. MILLEDGE AVE. STE. 101		
		ATHENS	GA	30605
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	ephone Number	s funds, holds accounts, rents
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	ephone Number	s funds, holds accounts, rents

		17	
Page	of	.,	

h). Joint Fundraisi		FEC ID number	С
		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
SCALISE LEADERS		g	.,
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spanish
esignated Agent: Identif	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identii Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of Early depository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
AMERICAN BATTLE	EGROUND FUND		
AA-Trans Addans	PO BOX 30844		
Mailing Address			
	DETHEODA	MD	20824
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spatial
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or market	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

	_	17	
Page	of	• •	

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
TRANSPORTATION	I Organization, Affiliated Committee, Joint Fo	undraising Representative	e, or Leadership PAC Spons
Mailing Address	502 6TH STREET		
	HUDSON	ı Wi	, 54016
Deletienskin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		l)	
Full Name	<u> </u>		
Full Name			
Mailing Address	CITY A		ZIP CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A		ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	ories: List all banks or other depositories in w	STATE A Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	ories: List all banks or other depositories in w	STATE A Telephone Number	

Paga	of	17	
Page	of		

ng Address LE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲		ng Participant:		
FEC ID number C FEC ID number C Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spends of PFLUGER BETHESDA ationship: CITY A STATE A ZIP CODE A To Connected Organization Affiliated Committee STATE A ZIP CODE A To Connected Organization Affiliated Committee STATE A ZIP CODE A To Connected Organization Affiliated Committee STATE A ZIP CODE A To Code A	1.		FEC ID number	С
Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spends of PFLUGER BETHESDA ationship: CITY A STATE A ZIP CODE A BETHESDA Affiliated Committee STATE A ZIP CODE A BETHESDA Affiliated Committee STATE A ZIP CODE A STATE A ZIP CODE A STATE A ZIP CODE A ZIP CODE A	2.		FEC ID number	С
Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spends of PFLUGER BETHESDA	3.		FEC ID number	C
ENDS OF PFLUGER PO BOX 30844	4.		FEC ID number	С
ENDS OF PFLUGER PO BOX 30844				
BETHESDA ationship: CITY A STATE A ZIP CODE A ationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC ed Agent: Identify by name, address (phone number – optional) Name Ing Address CITY A STATE A ZIP CODE A ZIP CODE A	ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
BETHESDA ationship: CITY A STATE A ZIP CODE A To connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Leadership PAC Affiliated Committee STATE A ZIP CODE A To connected Organization Affiliated Committee STATE A ZIP CODE A To connected Organization Affiliated Committee STATE A ZIP CODE A To connected Organization STATE A ZIP CODE A To connected Organization STATE A ZIP CODE A	PFRIENDS OF PFL	UGER		
BETHESDA ationship: CITY A STATE A ZIP CODE A To connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Leadership PAC Affiliated Committee STATE A ZIP CODE A To connected Organization Affiliated Committee STATE A ZIP CODE A To connected Organization Affiliated Committee STATE A ZIP CODE A To connected Organization STATE A ZIP CODE A To connected Organization STATE A ZIP CODE A				
BETHESDA ationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Leadership PAC Address CITY A STATE A ZIP CODE A STATE A ZIP CODE A CITY A STATE A ZIP CODE A	Mailing Address	PO BOX 30844		
ationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee	Mailing Address			
ationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee		BETHESDA	MD .	20824
Connected Organization Affiliated Committee	Datata atta			
ed Agent: Identify by name, address (phone number – optional) Name Ing Address CITY STATE ZIP CODE ZIP CODE A	Relationship:	CITY A	STATE A	ZIP CODE A
E OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲				
E OR POSITION ▼				
E OR POSITION ▼	esignated Agent: Ident			
E OR POSITION ▼	esignated Agent: Ident			
	esignated Agent: Ident			
Telephone Number	esignated Agent: Ident	fy by name, address (phone number – optional)		
	esignated Agent: Id			
	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
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
y, etc.	esignated Agent: Ident 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 paintains funds.	STATE A Telephone Number	ZIP CODE A
y, etc.	Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
y, etc.	Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A

_	-e 17	
Page	of ''	

		FEC ID no	=	
		FEC ID no		
			umber C	
		FEC ID no	umber C	
		FEC ID nu	umber	
ed Organization, At	ffiliated Committee, Joint	Fundraising Repres	entative, o	r Leadership PAC Sponso
_				
PO BOX 3084	4		1 1 1	
BETHESDA			MD .	20824
BETTIESDA				
	CITY A	S ⁻	ΓΑΤΕ ▲	ZIP CODE ▲
			1 1 1	
1				
ON ▼	CITY A	STA	TE A	ZIP CODE ▲
		Telephone Numb	per	
r	PO BOX 3084 BETHESDA acted Organization	PO BOX 30844 BETHESDA CITY Affiliated Committee Intify by name, address (phone number – option	HOUSE 2022 PO BOX 30844 CITY ▲ ST Affiliated Committee X Joint Fundraising Re ON ▼ CITY ▲ STA	PO BOX 30844 BETHESDA CITY A STATE A CITY A STATE A CITY A STATE A CITY A STATE A

_	-e 17	
Page	of ''	

h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected , SCOTT FRANKLIN	Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. BOX 2811		
	LAKELAND	FL	33806
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Jofy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A