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STATEMENT OF **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. elect Catherine Stonestreet Purcell **PMB 38** ADDRESS (number and street) 4832 John J. Williams Hwy Unit 1 (Check if address is changed) Millsboro 19966 DE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS electcatherine2020@gmail.com (Check if address is changed) Optional Second E-Mail Address marylandmortgagerelief@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00755645 FEC IDENTIFICATION NUMBER > 3. 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. Purcell, Catherine, Stonestreet, Ms, Type or Print Name of Treasurer Purcell, Catherine, Stonestreet, Ms, [Electronically Filed] 80 19 2020 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

FE	EC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	
Cand	lidate	e 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 information below.)	e the candidate
Name Candid		Purcell, Catherine, Stonestreet, Ms,	
Candio		Office Sought: X House Senate President	State
Party /	Affiliatio	on IDP Sought: X House Senate President	District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candio			
Party	Con	nmittee:	
(d)			mocratic, ublican, etc.) Party.
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
		Corporation Corporation w/o Capital Stock	bor Organization
		Membership Organization Trade Association Co	poperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

FFO France 4 (Decided 4)	22 (2222)	Dave 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
• •		
	Stonestreet Purcell	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the perso	on in possession of committee
Purcell, Ca	atherine, Stonestreet, Ms,	
	PMB 38	
Mailing Address	4832 John J. Williams Hwy Unit 1	
	Millsboro DE	19966
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 573 _ 6035
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Purcell, Ca	atherine, Stonestreet, Ms,	
Mailing Address	PMB 38	
	4832 John J. Williams Hwy Unit 1	
		19966
Title or Position Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated Agent Purce	ell, Catherine, Stonestreet, Ms,	
Mailing Address	PMB 38	
	4832 John J. Williams Hwy Unit 1	
	Millsboro DE 1	9966 _ _ _ _ _ _ _ _ _ _
Title or Position Assistant Treasurer	Telephone number 202	_ 573 6035
Danka ar Othar Danaa		s, holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	ory, etc.	
safety deposit boxes or	maintains funds. ory, etc.	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.	
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Safety deposit boxes or Name of Bank, Deposite Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. 111111 Racetrack Road Berlin CITY STATE	1811