Only

## STATEMENT OF

PAGE 1/9

**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 33174 CITY A STATE A ZIP CODE ▲ 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 2022 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] Date 08 2022 Signature of Treasurer 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

| FE | C Form          | 1 (Revised 03/2022)  | Page <b>2</b>        |
|----|-----------------|--|----------------------|
|    | TYPE C          | OF COMMITTEE:  |                      |
|    | Candid          | late Committee:  |                      |
|    | (a) <b>x</b>    | 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 information below.)  | e candidate          |
|    | Name<br>Candid  | TAILLEUGZ, CALIOS  |                      |
|    | Candid<br>Party | date Office Affiliation REP Sought: House Senate President   | State FL District 28 |
|    | (c)             | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                      |
|    | Nam<br>Cand     | ne of<br>didate  |                      |
|    | Party C         | Committee:   |                      |
|    | (d)             | This committee is a (National, State or subordinate) committee of the Republican,  | •                    |
|    | Politica        | al Action Committee (PAC):   |                      |
|    | (e)             | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte  | d organization is a: |
|    |                 | Corporation Corporation w/o Capital Stock Labor O  | rganization          |
|    |                 | Membership Organization Trade Association Coopera  | tive                 |
|    |                 | 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 committee. (i.e., nonconnected committee)  | d 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 PA  | .C).                 |
|    |                 | In addition, this committee is a Lobbyist/Registrant PAC.  |                      |
|    | Joint F         | Fundraising Representative:  |                      |
|    | (i)             | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political     |
|    | (j)             | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.         | r more political     |
|    | Com             | mittees Participating in Joint Fundraiser  |                      |
|    | 1.              | C  |                      |
|    | _               |  |                      |

| <u> </u> | FEC Form 1 (Revised 0                                      | 2/2009)   |                                  | Page <b>3</b>                       |
|----------|--|---|----------------------------------|-------------------------------------|
| V        | rite or Type Committee Name                                | z for Congress  |                                  |                                     |
| 6.       |  | rganization, Affiliated Committee, Jo                   | int Fundraising Representa       | tive, or Leadership PAC Sponsor     |
|          |  |   |                                  |                                     |
|          |  |   |                                  |                                     |
|          | Mailing Address  | 824 S MILLEDGE AVE STE 101                              |                                  |                                     |
|          |  |   |                                  |                                     |
|          |  | ATHENS  | GA L                             | 30605                               |
|          |  | CITY ▲  | STATE                            | ZIP CODE ▲                          |
|          | Relationship: Connected                                    | Organization Affiliated Organization                    | <b>✗</b> Joint Fundraising Repre | sentative Leadership PAC Sponso     |
| 7.       | Custodian of Records: Idention books and records.          | fy by name, address (phone number                       | optional) and position of the p  | erson in possession of committee    |
|          | Goode, Mic   | hael, , ,   |                                  |                                     |
|          | Full Name  |   |                                  |                                     |
|          | Mailing Address  | 824 S Milledge Ave Ste 101                              |                                  |                                     |
|          |  |   |                                  |                                     |
|          |  | Athens  | GA                               | 30605                               |
|          |  | CITY ▲  | STATE                            | ZIP CODE ▲                          |
|          | Title or Position ▼  |   |                                  |                                     |
|          | Treasurer  |   | Telephone number                 | 706 - 534 - 7780                    |
| 8.       | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) assistant treasurer). | of the treasurer of the comm     | nittee; and the name and address of |
|          | Full Name Goode, Mic                                       | hael, , ,   |                                  |                                     |
|          | of Treasurer   | . 924 S Millodge Ave Sto 101                            |                                  |                                     |
|          | Mailing Address  | 824 S Milledge Ave Ste 101                              |                                  |                                     |
|          |  |   |                                  |                                     |
|          |  | Athens  | GA                               | 30605                               |
|          |  | CITY ▲  | STATE                            | ZIP CODE ▲                          |
|          | Title or Position ▼  |   |                                  |                                     |
|          | Treasurer  |   | Telephone number                 | 706 - 534 - 7780                    |

| FEC Form 1 (Revised                                  | 02/2009)  |                               | Page <b>4</b>               |
|--|---|-------------------------------|-----------------------------|
| Full Name of Designated Agent                        |   |                               |                             |
| Mailing Address                                      |   |                               |                             |
|  |   | <u> </u>                      |                             |
|  |   |                               |                             |
| Title or Position ▼                                  | CITY ▲  | STATE ▲                       | ZIP CODE ▲                  |
|  |   | Telephone number              |                             |
| Banks or Other Depositor safety deposit boxes or mai | ies: List all banks or other depositories in what ntains funds. | nich the committee deposits f | unds, holds accounts, rents |
| Name of Bank, Depository,                            | etc.  |                               |                             |
| Wells i  | Fargo Bank  |                               |                             |
| Mailing Address                                      | 8302 Woodmont Avenue  |                               |                             |
|  |   |                               |                             |
|  | Bethesda  | MD MD                         | 20814                       |
|  | CITY ▲  | STATE ▲                       | ZIP CODE ▲                  |
| Name of Bank, Depository,                            | etc.  |                               |                             |
| Truist   |   |                               |                             |
| Mailing Address                                      | 1445 New York Avenue NW, 4th Floor                              |                               |                             |
|  |   |                               |                             |
|  | Washington  | DC                            | 20005                       |
|  | CITY ▲  | STATE ▲                       | ZIP CODE ▲                  |

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

FEC Form 1S (Revised 02/2017)

| 5(g) o | r(h). <b>Joint Fundraisi</b> n   | g Participant:   |                         |                            |
|--------|--|--|-------------------------|----------------------------|
|        | 1.   |  | FEC ID number           | C                          |
|        | 2.   |  | FEC ID number           | С                          |
|        | 3.   |  | FEC ID number           | C                          |
|        | 4  |  | FEC ID number           | C                          |
| 6.     | Name of Any Connected TAKE BACK THE  | Organization, Affiliated Committee, Joint Fundra HOUSE 2022  | ising Representative,   | or Leadership PAC Sponsor  |
|        |  |  |                         |                            |
|        |  | DO DOVINGO   |                         |                            |
|        | Mailing Address  | PO BOX 30844   |                         |                            |
|        |  |  |                         |                            |
|        |  | BETHESDA   | MD                      | 20824-0844                 |
|        | Relationship:  | CITY ▲   | STATE ▲                 | ZIP CODE ▲                 |
|        | Connected  | d Organization X Affiliated Committee Joint F  | Fundraising Representat | ive Leadership PAC Sponsor |
| 8.     | Designated Agents Identify   | y by name, address (phone number – optional)   |                         |                            |
|        | Full Name  | y by hame, address (phone humber – optional)   | 1 1 1 1 1 1 1           |                            |
|        |  | by fiame, address (priorie number – optional)  |                         |                            |
|        | Full Name  | by fiame, address (priorie number – optional)  |                         |                            |
|        | Full Name  | by fiame, address (priorie number – optional)  |                         |                            |
|        | Full Name  | CITY A   | STATE A                 | ZIP CODE A                 |
|        | Full Name  | CITY A   |                         | ZIP CODE A                 |
|        | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma  | CITY   CITY   Tele  ries: List all banks or other depositories in which the aintains funds.              | STATE ▲                 |                            |
|        | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma  | CITY A  Tele  ries: List all banks or other depositories in which the                                    | STATE ▲                 |                            |
|        | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail name of Bank, Classic                          | CITY   CITY   Tele  ries: List all banks or other depositories in which the aintains funds.              | STATE ▲                 |                            |
|        | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail boxes or mail boxes. Classing Depository, etc. | CITY   CITY   Tele  ries: List all banks or other depositories in which the aintains funds.  C City Bank | STATE ▲                 |                            |
|        | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail boxes or mail boxes. Classing Depository, etc. | CITY   CITY   Tele  ries: List all banks or other depositories in which the aintains funds.  C City Bank | STATE ▲                 |                            |

FEC Form 1S (Revised 02/2017)

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

| 5(g) or (                | h). <b>Joint Fundraisin</b> ç   | p Participant:  |                      |                              |
|--------------------------|---|---|----------------------|------------------------------|
|                          | 1.  |   | FEC ID number        | C                            |
|                          | 2.  |   | FEC ID number        | C                            |
|                          | 3.  |   | FEC ID number        | C                            |
|                          | 4.  |   | FEC ID number        | C                            |
| 6. <b>N</b>              | ame of Any Connected (  | Organization, Affiliated Committee, Joint Fundrai                   | ising Representative | e, or Leadership PAC Sponsor |
|                          |   |   |                      |                              |
|                          | Mailing Address   | 228 S. WASHINGTON STREET  |                      |                              |
|                          | J   | SUITE 115   |                      |                              |
|                          |   | ALEXANDRIA  | VA VA                | 22314                        |
|                          | Relationship:   | CITY ▲  | STATE ▲              | ZIP CODE ▲                   |
| _                        |   |   |                      |                              |
| 8. <b>D</b> e            | esignated Agent: Identify  Full Name  | by name, address (phone number – optional)                          |                      |                              |
| 8. <b>D</b> (            |   | by name, address (phone number – optional)                          |                      |                              |
| 8. <b>D</b> 0            | Full Name   | by name, address (phone number – optional)                          |                      |                              |
| —<br>8. <b>D</b> (       | Full Name   | by name, address (phone number – optional)                          |                      |                              |
| —<br>8. <b>D</b> (       | Full Name   | CITY A  | STATE ▲              | ZIP CODE A                   |
| —<br>8. <b>D</b> (       | Full Name   | CITY A  | STATE A              | ZIP CODE A                   |
| 9. <b>B</b> ass          | Full Name Mailing Address  TITLE OR POSITION  | CITY   Tele  ies: List all banks or other depositories in which the | ephone Number        |                              |
| 9. <b>B</b> ass          | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank,                | CITY   Tele  ies: List all banks or other depositories in which the | ephone Number        |                              |
| —<br>9. <b>В</b> а<br>sa | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc. | CITY   Tele  ies: List all banks or other depositories in which the | ephone Number        |                              |
| 9. <b>B</b> ass          | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc. | CITY   Tele  ies: List all banks or other depositories in which the | ephone Number        |                              |

FEC Form 1S (Revised 02/2017)

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

| h). <b>Joint Fundraisi</b> r   | ig Participant:   |                         |                           |
|--|---|-------------------------|---------------------------|
| 1.   |   | FEC ID number           | C                         |
| 2.   |   | FEC ID number           | C                         |
| 3.   |   | FEC ID number           | С                         |
| 4.   |   | FEC ID number           | С                         |
|  |   |                         |                           |
|  | Organization, Affiliated Committee, Joint Fundr   | raising Representative  | e, or Leadership PAC Spon |
| 2022 PHASE 2 P   | ATRIOT DAY JFC  |                         |                           |
|  |   |                         |                           |
| Moiling Address  | 228 S. WASHINGTON STREET  |                         |                           |
| Mailing Address  | SUITE 115   |                         |                           |
|  | ALEXANDRIA  | , VA                    | 22314                     |
| D 1 11 11  |   |                         |                           |
| Relationship:  | CITY ▲  | STATE A                 | ZIP CODE ▲                |
|  | Affiliated Committee Joint  Ty by name, address (phone number – optional)   | t Fundraising Represent | Leadership PAC Sp         |
|  |   | t Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif   |   | t Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif   |   | t Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif   |   | t Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif  Full Name   Mailing Address  | by by name, address (phone number – optional)   | t Fundraising Represent |                           |
| esignated Agent: Identif   | by by name, address (phone number – optional)  CITY   |                         |                           |
| esignated Agent: Identification Full Name           Mailing Address  TITLE OR POSITION   | cy by name, address (phone number – optional)  CITY   Te  | STATE A                 | ZIP CODE A                |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m             | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito                                      | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, | cy by name, address (phone number – optional)  CITY   CITY   Telepries: 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.            | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A                 | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or m  ame of Bank, epository, etc.        | cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | 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

| h). <b>Joint Fundrais</b> i  | ng Participant:  | FF0 ID                   | C                         |
|--|--|--------------------------|---------------------------|
| 1.   |  | FEC ID number            | -1 - 1 - 1 - 1            |
| 2.   |  | FEC ID number            | C                         |
| 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 |
| HISPANIC LEAD  | DERSHIP TRUST PARTNERSHIP  |                          | 1                         |
|  |  |                          |                           |
| Mailing Address  | PO BOX 341027  |                          |                           |
|  |  |                          |                           |
|  | AUSTIN   | TX                       | 78734                     |
| Relationship:  | CITY A   | STATE ▲                  | ZIP CODE ▲                |
| Connect  | ed Organization Affiliated Committee   | t Fundraising Representa | ative Leadership PAC S    |
|  |  |                          | Leadership FAC 3          |
|  | ify by name, address (phone number – optional)   |                          | Leadership FAC 3          |
|  |  |                          | Leadership FAC 3          |
| esignated Agent: Ident   |  |                          | Leadership FAC 5          |
| esignated Agent: Ident   |  |                          | Leadership FAC 5          |
| esignated Agent: Ident   |  |                          | Leadership FAC 5          |
| esignated Agent: Ident   | ify by name, address (phone number – optional)   |                          |                           |
| esignated Agent: Ident  Full Name  Mailing Address   | ify by name, address (phone number – optional)  CITY   |                          |                           |
| esignated Agent: Ident  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: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of the content of th | 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: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name 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: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name 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: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name 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: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name 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                |

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

FEC Form 1S (Revised 02/2017)

| 5(g) o | r(h). <b>Joint Fundraising</b>   | g Participant:  |                      |                              |
|--------|--|---|----------------------|------------------------------|
|        | 1  |   | FEC ID number        | C                            |
|        | 2.   |   | FEC ID number        | C                            |
|        | 3.   |   | FEC ID number        | C                            |
|        | 4.   |   | FEC ID number        | C                            |
| 6.     |  | Organization, Affiliated Committee, Joint Fundraisi AR VICTORY FUND | ing Representative   | e, or Leadership PAC Sponsor |
|        |  |   |                      |                              |
|        | Mailing Address  | 824 S MILLEDGE AVE #101   |                      | <u> </u>                     |
|        |  | ATHENS  | GA                   | 30605                        |
|        | Relationship:  | CITY ▲  | STATE A              | ZIP CODE ▲                   |
|        | Connected  | Organization Affiliated Committee Joint Fur                         | ndraising Representa | ative Leadership PAC Sponsor |
| 8.     | Designated Agent: Identify  Full Name  | by name, address (phone number – optional)                          |                      |                              |
|        | Mailing Address  |   |                      |                              |
|        | -  |   |                      |                              |
|        |  |   |                      |                              |
|        | TITLE OR POSITION  | _ CITY ▲  | STATE A              | ZIP CODE ▲                   |
|        | THEE OIL COMON   | <b>Y</b>  |                      | 3322 _                       |
|        |  | I   | hone Number          |                              |
|        |  | Telepi  | hone Number          |                              |
|        | Banks or Other Depositor safety deposit boxes or main                                | Telepi  | hone Number          |                              |
|        | Banks or Other Depositor safety deposit boxes or main Name of Bank,                  | Telepi  | hone Number          |                              |
|        | Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. | Telepi  | hone Number          |                              |
|        | Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. | Telepi  | hone Number          |                              |