

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

KEITH GROSS FOR FLORIDA

ADDRESS (number and street)

 (Check if address
is changed)

4408 DELWOOD LANE

STE 14

PANAMA CITY BEACH

CITY ▲

FL

32408

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

JASON@TABULARIUS.PRO

Optional Second E-Mail Address

KEITH@KEITHGROSS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

HTTPS://KEITHGROSS.COM

2. DATE

M M / D D / Y Y Y Y
02 / 13 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00837567

4. 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.

Type or Print Name of Treasurer BOLES, JASON, D.,

Signature of Treasurer

BOLES, JASON, D.,

Date

M M / D D / Y Y Y Y
01 / 13 / 2026NOTE: 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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

KEITH GROSS FOR FLORIDA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

BOLES, JASON, D, ,

Mailing Address

126 C STREET NW

DC

20001

Title or Position ▼

TREASURER

Telephone number

202 - 545 - 7706

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

BOLES, JASON, D, ,

Mailing Address

126 C STREET NW

DC

20001

Title or Position ▼

TREASURER

Telephone number

202 - 545 - 7706

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

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.

SERVISFIRST BANK

Mailing Address

300 GALLERIA PARKWAY SE

SUITE 100

ATLANTA

GA

30339

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

WELLS FARGO

Mailing Address

ONE INDEPENDENT DRIVE

24TH FLOOR

JACKSONVILLE

FL

32202

CITY ▲

STATE ▲

ZIP CODE ▲