NONT HO FOM OOKOMOON

STATEMENT OF **ORGANIZATION**

FEC MAILCENTER

| I | | | 7 | OZ4 DEC: 1 Briv PH 12: 59 |
|---|---|--|------------|---|
| . NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| BROWN COUNTY COMM | AITTEE TO SAVE DEMOC | RACY, GLG. | Save D | emocnacy |
| ADDRESS (number and street) | 112 N. WATER ST. | 1 1 1 1 1 1 1 1 1 | 1 1 1 1 1 | |
| ☐ | L | | | |
| | GEORGEORGETOWN | 4 | OH STATE ▲ | 45121 |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| ☐ ◀ (Check if address is changed) | admin@bcsavedem.co | m | <u> </u> | |
| | Optional Second E-Mail Adstanpurdy8@gmail.com | | . <u></u> | 1-1:1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| (Check if address | . l | 1 | | |
| ✓ (Check if address is changed) | www.nottrumpfor presid | lent.com | 1 1 1 1 | |
| | 2024 2024 | ec#330 93.4893 6 | 7/ | |
| is changed) 2. DATE 01 02 | 2024 2024 | ent.com | 7/ | |
| is changed) 2. DATE 01 02 3. FEC IDENTIFICATION N 4. IS THIS STATEMENT | 2024 2024 2024 NUMBER ► C.99 NEW (N) OR | ###################################### | 7/ | and complete. |

| 1 | Office Use | | For further information contact: Federal Election Commission Toll Free 800-424-9530 | FEC FORM 1 (Revised 03/2022) |
|---|---------------|--|---|---------------------------------|

This committee is a principal campaign committee. (Complete the candidate information below.)

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

committees/organizations, at least one of which is an authorized committee of a federal candidate.

committees/organizations, none of which is an authorized committee of a federal candidate.

Page 2

FEC Form 1 (Revised 03/2022)

TYPE OF COMMITTEE:

Candidate Committee:

information below.)

Joint Fundraising Representative:

Committees Participating in Joint Fundraiser

(i)

(i)

(b)

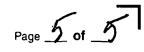
| FEC Form 1 (Revis | | Page 3 |
|--|---|--|
| Write or Type Committee Na Prown | County Commettee | to SAVE Demoeras |
| . Name of Any Connecte | ed Organization, Affiliated Committee, Joint Fundraising | g Representative, or Leadership PAC Sponsor |
| none | | <u></u> |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY A | STATE ▲ ZIP CODE ▲ |
| Relationship: Conne | ected Organization Affiliated Organization Joint Fun | ndraising Representative Leadership PAC Spons |
| Custodian of Records: I books and records. | dentify by name, address (phone number optional) and po | osition of the person in possession of committee |
| Full Name STA | N PURQY, , , , , , , , , , , , , , , , , , , | |
| Mailing Address | 112 N. WATER ST | |
| · | | |
| | GEORGETOWN | OH45121 |
| | CITY A | STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | | * |
| TREASURER | <u>i </u> | one number 937 - 213 - 4119 |
| . Treasurer: List the name any designated agent (e | e and address (phone number optional) of the treasure e.g., assistant treasurer). | r of the committee; and the name and address of |
| Full Name | N PURDY | |
| of Treasurer STA | N I ONY I I I I I I I I I I I I I I I I I I I | |
| of Treasurer STA | 112 N.WATERIST | |
| | | |
| | | |
| | 112 N.WATERIST | OH |
| | 112 N. WATERIST | |

| FEC Form 1 (Revis | ed 03/2022) | | Page 4 |
|--|--|---------------------------------|---------------------------|
| Full Name of Designated Agent STA | N PURQY, , , , , , , , , , , , , , , , , , , | | |
| Mailing Address | 1 ₁ 12 ₁ N ₁ WATER ST. | | |
| | | | |
| | GEORGETOWN | OH | [45121] - [|
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| TREASURER | <u> </u> | Telephone number 937 | 213 4119 _ |
| Banks or Other Deposit safety deposit boxes or its safety deposit boxes. | tories: List all banks or other depositories in w maintains funds. | hich the committee deposits fun | ds, holds accounts, rents |
| Name of Bank, Deposito | ry, etc. | | |
| sou | THERN HILLS COMMUNITY BANK L | | |
| Mailing Address | 200 EAST STATE ST. | | |
| | | | |
| | GEORGETOWN | OH) | 45121 - |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Deposito | ory, etc. | | |
| . L | * NOME !!!!!! | 1 1 1 1 1 1 1 1 | |
| Mailing Address | | | |
| • | | <u> </u> | |
| | | يخليا ليبي | L |
| | CITY A | STATE ▲ | ZIP CODE ▲ |



| FEC | Form | 18 | (Revised | 03/2022 |
|-----|--------|----|----------|---------|
| | COLIII | 13 | (neviseu | 03/2022 |

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9



| | (j). Joint Fundraisir | ng Participant: | | |
|------------|--|---|----------------------------|--|
| | 1. NONE | | FEC ID number | C |
| | 2 | | FEC ID number | |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | C |
|) . | Name of Any Connected | l Organization, Affiliated Committee, Joint Fun | draising Representative | , or Leadership PAC Sponsor |
| | NONE | | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | gen-g | immed (most | int Fundraising Representa | Processing of the Control of the Con |
| | Built Land Amend Identity | f. h | | |
| 3. | Designated Agent: Identif | fy by name, address (phone number – optional) | 111111 | |
| 3. | | fy by name, address (phone number – optional) | | |
| 3. | Full Name | fy by name, address (phone number – optional) | | |
| 3. | Full Name | CITY A | STATE A | ZIP CODE A |
| 3. | Full Name | CITY A | | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, | CITY A | STATE ▲ Telephone Number | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the property of the position of the positio | CITY A | STATE ▲ Telephone Number | ZIP CODE A |
| 3. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, | CITY A | STATE ▲ Telephone Number | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the property of the position of the positio | CITY A | STATE ▲ Telephone Number | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the property of the position of the positio | CITY A | STATE ▲ Telephone Number | ZIP CODE A |

SCHEDULE C (FEC Form 3X) LOANS

| Use separate schedule(s) for each category of the | PAGE 5a |
|---|-------------|
| Detailed Summary Page | FOR LINE 13 |

| PAGE 5A | OFGA |
|----------|---------------|
| EOD LINE | 12 OF FORM 2V |

| WOWN County Committee to SAVE Democracy, LIC | | | | |
|--|--------------------|-------------------------------|--|--|
| LOAN SOURCE Full Name (Last, Figst, Middle Initial) | | | | |
| STAN PI | MOU | , | Primary General | |
| Mailing Address | A 0 | 1 | Other (specify) ▼ | |
| City_ / | 402 77 | State ZII | Code | |
| Georgeto | un | 04 4 | 5/21 | |
| Original Amount of Loan | | Cumulative Paymer | nt To Date Balance Outstanding at Close of This Period | |
| 4.00,6 | لمتمم | | 4.000 | |
| TERMS Date Incurre | ed | Date | Due Interest Rate Secured: | |
| ON Dem | AND | MTM / [0 T 0] / | Nove % (apr) Yes UNo | |
| List All Endorsers or Gua | | o Loan Source | | |
| 1. Full Name (Last, First, I | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | |
| 2. Full Name (Last, First, I | Middle Initial) | · I. | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | |
| 3. Full Name (Last, First, I | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City State ZIP Code | | | Amount Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | |
| SUBTOTALS This Period Thi | s Page (optional). | | 7/223 | |
| OTALS This Period (last page in this line only) | | | | |
| Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary. | | | | |

Fei) ORAL ElECTION Commission 1050 15+5+ NE Washington's DC

SOST DEC 10 PM 12

FEC MAILCENT

RGETOWN, OH 45121

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. | | | | |
|---|---|--|--|--|
| Hand Delivered | Date of Receipt | | | |
| USPS First Class Mail | Date of Receipt | | | |
| USPS Registered/Certified | Postmarked (R/C) | | | |
| USPS Priority Mail | Postmarked | | | |
| | | | | |
| USPS Priority Mail Express | Postmarked | | | |
| Postmark Illegible | | | | |
| No Postmark | | | | |
| Overnight Delivery Service (Specify): | Shipping Date Date of Receipt Next Business Day Delivery | | | |
| Received via FAX | Date of Receipt | | | |
| Received via Email | Date of Receipt | | | |
| Received from Electronic Filing Office | Date of Receipt e | | | |
| Other (Specify): | Date of Receipt or Postmarked | | | |
| MOD | 12/10/24 | | | |
| (4/2023) | DATE PREPARED | | | |