FEC

Only

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Forward Justice** PO Box 82524 ADDRESS (number and street) (Check if address is changed) Columbus 43202 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@pattonprocessing.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00806885 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. Patton, Chris, , , Type or Print Name of Treasurer Patton, Chris,,, [Electronically Filed] 02 28 2022 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Complinformation below.)	ete the candidate
	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

	evised 02/2009)	Page 3
Write or Type Committee		
Forward Jus	stice	
. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE	<u>. </u>	
Mailing Address		
	CITY STATE	ZIP CODE
	ds: Identify by name, address (phone number optional) and position of the person in	Leadership PAC Sponson
books and records.		
Pa Full Name	atton, Chris, , ,	
Mailing Address	PO Box 9	
	Lexington KY 405	588
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 533 - 4182
Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; and the committee; and the committee is (e.g., assistant treasurer).	ne name and address of
Full Name Pate of Treasurer	tton, Chris, , ,	
or reasurer	.DO.D	
Mailing Address	PO Box 9	
	PO Box 9	
	Lexington KY 405	88
		88

FEC Form 1 (F	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of		
safety deposit boxes of Name of Bank, Depos	or maintains funds.	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. epublic Bank	40202
safety deposit boxes of Name of Bank, Depos	epublic Bank 601 W Market Street Louisville KY	
safety deposit boxes of Name of Bank, Depos	epublic Bank 601 W Market Street	40202 ZIP CODE
safety deposit boxes of Name of Bank, Depos	or maintains funds. sistory, etc. epublic Bank 601 W Market Street Louisville CITY STATE	
safety deposit boxes of Name of Bank, Deposition Records Mailing Address	or maintains funds. sistory, etc. epublic Bank 601 W Market Street Louisville CITY STATE	
safety deposit boxes of Name of Bank, Deposition Records Mailing Address	epublic Bank 601 W Market Street Louisville CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	epublic Bank 601 W Market Street Louisville CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	epublic Bank 601 W Market Street Louisville CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: