Image# 202407149653212161			PAGE 1 / 19
FEC FORM 1	STATEMEN ORGANIZA		
1. NAME OF	(Check if name	Example: If typing, type	Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5
John Duarte for Co	ngress		
	9460 Tegner Road		
ADDRESS (number and street)			
is changed)			
	Hilmar └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		CA 95324 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	kellylawler@thekalgroup.cor	m 	
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)			
2. DATE 06 / 3	0 / Y Y Y Y 2024		
3. FEC IDENTIFICATION N	UMBER ► C CO	0808279	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r Lawler, Kelly, , ,		
Signature of Treasurer Lawl	er, Kelly, , ,		Date 07 13 2024
NOTE: Submission of false, erron		nay subject the person signing t ION SHOULD BE REPORTED	his Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Duarte, John, , , Candidate State CA Candidate Office REP House Senate President Party Affiliation Sought: District 13 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 segregated fund or party committee. (i.e., nonconnected committee) 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 PAC).

Joint Fundraising Representative:

(i) 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.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

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	FEC Form 1 (Revised 02/2009)	Pag	e 3	
۷	Nrite or Type Committee Name			
	John Duarte for Congress			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC	Spo	nsor
	Duarte Victory Fund			
			1 1	

Mailing Address	9460 Tegner Road
	<u> </u>
	Hilmar CA 95324 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC Sponso

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

	Lawler, Kelly, , ,
Full Name	
Mailing Address	9460 Tegner Road
	Hilmar
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Record Keeper	Telephone number 530 - 330 - 9121

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	Lawler, Kelly, , ,
of Treasurer	
Mailing Address	9460 Tegner Road
	Hilmar CA 95324
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 530 - 330 - 9121

FEC Form 1 (Revised 02	2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

	Inties Bank		
Mailing Address	2001 Geer Road		
	Turlock	CA 95382	·
	CITY A	STATE ▲	ZIP CODE
Name of Bank, Depository,	etc.		
Evolve	Bank and Trust		
Mailing Address	301 Shoppingway Drive		
	West Memphis	AR 72301	
	CITY A	STATE A	ZIP CODE

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5(g)	or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected C	Drganization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	Mailing Address	PO Box 341027		
		Austin		78734
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
8.	Full Name		I I I I I I I I I I I I I I I I I I I	
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori safety deposit boxes or main		lephone Number	
	Full Name Mailing Address		lephone Number	
	Full Name Mailing Address TITLE OR POSITION Y Banks or Other Depositori safety deposit boxes or main Name of Bank, _ Classic	CITY A CITY Te Es: List all banks or other depositories in which reating funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori safety deposit boxes or main Name of Bank, Classic Depository, etc.	CITY ▲ C	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori safety deposit boxes or main Name of Bank, Classic Depository, etc.	CITY ▲ C	lephone Number	

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
6. Name	e of Any Connected O	rganization, Affiliated Committee, Joint Fundrai	sing Representative	, or Leadership PAC Sponsor
Ca	lifornia Victory Fund	2024		
	Mailing Address	228 S Washington St.		
		Ste. 115		
		Alexandria	VA	22314
	Relationship:		STATE A	ZIP CODE
	Connected	Drganization Affiliated Committee X Joint F	undraising Representat	ive Leadership PAC Sponsor
8. Desig	nated Agent: Identify I	by name, address (phone number - optional)		
	ull Name	by name, address (phone number – optional)		
Fu		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name			
Fu	ull Name		STATE A	
Ft M 1 9. Bank s	ull Name		phone Number	
Fu M 9. Banks safety Name	ull Name		phone Number	
Fu M 9. Banks safety Name	ull Name	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th tains funds.	phone Number	
Fu M 9. Banks safety Name	ull Name	CITY A CITY A Tele Es: List all banks or other depositories in which th tains funds.	phone Number	
Fu M 9. Banks safety Name	ull Name	CITY A CITY A Tele Es: List all banks or other depositories in which th tains funds.	phone Number	

5(g) or (h).	Joint Fundraising	Participant:		
1.	. [FEC ID number	С
2			FEC ID number	С
3	B.		FEC ID number	C
4			FEC ID number	С
6. Nam	e of Any Connected C	rganization, Affiliated Committee, Joint Fur	draising Representativ	e, or Leadership PAC Sponsor
	row the Majority CA	-		
	Mailing Address	228 S Washington St Ste 115		
		Alexandria		22314
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify Full Name	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			
F	Full Name		· · · · · · · · · · · · · · · · · · ·	
9. Bank safety	Full Name	CITY A	Telephone Number	
9. Bank safety Name	Full Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	Telephone Number	
9. Bank safety Name	Full Name	CITY A	Telephone Number	
9. Bank safety Name	Full Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	Telephone Number	
9. Bank safety Name	Full Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	Telephone Number	

(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
	-	-	I Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
Am	erican Battleground				
1	Mailing Address	PO Box 30844			
		1			
		Bethesda			20824
ſ	Relationship:			STATE	
I					
	Connected	Organization Affili	ated Committee	nt Fundraising Representa	tive Leadership PAC Sponsor
Fu	II Name	_			
Ma	ailing Address				
T	ITLE OR POSITION	▼		STATE A	ZIP CODE
			,	Telephone Number	
Banks	or Other Depositori	es: List all banks or o	ther depositories in which	the committee deposit	s funds, holds accounts, rents
	deposit boxes or main				· · · · · · · · · · · · · · · · · · ·
	of Bank, itory, etc.				
	Mailing Address				

1					
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
			ffiliated Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Sponsor
	Ilise Leadership Fu	Ind 2024			
Ν	Mailing Address	320 First Stre	et Southeast		
		Washington			
F	Relationship:			STATE 4	
	Connected	Organization	Affiliated Committee	loint Fundraising Represer	ntative Leadership PAC Sponsor
			ess (phone number – optional)	
Ful	II Name			,	
	II Name			,	
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Ma	uiling Address			, 	
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5(g)	or (h). Joint Fundraisir	ng Participant:	_	
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative,	or Leadership PAC Sponsor
	Grow The Majority]
	Mailing Address	228 South Washington Street		
		Suite 115		
		Alexandria		22314
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connecte	d Organization	t Fundraising Representativ	e Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	pries: List all banks or other depositories in which aintains funds.	the committee deposits f	unds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
1		CITY 🔺	STATE A	

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5(g) or (h	n). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N a	amo of Any Connected	Drganization, Affiliated Committee, Joint Fu	undraiaing Dansaaantativ	or Londorphin DAC Sponsor
	GT FARM TEAM 2024			e, or Leadership PAC Sponsor
	Mailing Address	PO Box 30844		
		Bethesda		20824
	Relationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X	Joint Fundraising Representa	ative
8. De	esignated Agent: Identify	by name, address (phone number - optional)	
8. De	Full Name	by name, address (phone number – optional)	
8. De		by name, address (phone number – optional)	
8. De	Full Name	by name, address (phone number – optional)	
8. De	Full Name	by name, address (phone number – optional)	
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9. Ba sa Na	Full Name	CITY ▲ CITY ▲	I I I I I I I I I I I I I I I I I I I	
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5(g) or (h)). Joint Fundraising	Participant:		
	1.		FEC ID number	C
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	3.		FEC ID number	С
	4		FEC ID number	С
	-	organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	Protect the House 2024	4		
L				
	Mailing Address	PO Box 30844		
		Bethesda		20824
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. De s	signated Agent: Identify	by name, address (phone number – optional)		
8. De s	signated Agent: Identify	by name, address (phone number – optional)		
8. Des		by name, address (phone number – optional)		
8. Des	Full Name	by name, address (phone number – optional)		
8. De s	Full Name	by name, address (phone number – optional)		
8. Des	Full Name			
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	Full Name		lephone Number	
9. Ba i	Full Name		lephone Number	
9. Bai safe Nar	Full Name Mailing Address		lephone Number	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION • nks or Other Depositorio fety deposit boxes or mair me of Bank,		lephone Number	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositorie fety deposit boxes or mair me of Bank, pository, etc.		lephone Number	
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5(g) or (h	n). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
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	3.		FEC ID number	С
	4.		FEC ID number	C
		Organization, Affiliated Committee, Joint Fundrai	sing Representative	, or Leadership PAC Sponsor
L		I Republican Members Trust aka Farm Trust		
l				
	Mailing Address	PO Box 30844		
		Bethesda		20824
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. De	esignated Agent: Identify	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name			
8. De	Full Name			
8. De	Full Name			ZIP CODE ▲
8. De	Full Name			ZIP CODE ▲
9. B a	Full Name		phone Number	
9. Ba sat	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. Ba sa' Na	Full Name Mailing Address TITLE OR POSITION		phone Number	s funds, holds accounts, rents
9. Ba sa' Na	Full Name		e committee deposits	s funds, holds accounts, rents
9. Ba sa' Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.		e committee deposits	s funds, holds accounts, rents
9. Ba sa' Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.		e committee deposits	s funds, holds accounts, rents

5(g) or (h).	Joint Fundraising) Participant:	
1	I. [FEC ID number
2	2.		FEC ID number
3	3.		FEC ID number
4	4.		FEC ID number
6. Nam	ne of Any Connected C	Drganization, Affiliated Committee, Joint Fundrai	sing Representative, or Leadership PAC Sponsor
	cott Franklin Wingma	-	
	Mailing Address	PO Box 2811	
		Lakeland	FL 33806
	Relationship:		STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint Fi	undraising Representative Leadership PAC Sponso
	ignated Agent: Identify Full Name	by name, address (phone number – optional)	
ľ	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
l			phone Number
safet	ks or Other Depositori ty deposit boxes or main	ies: List all banks or other depositories in which the nation funds.	e committee deposits funds, holds accounts, rents
	a of Doub		
Depo	e of Bank, ository, etc.		
Depo			
Depo	ository, etc.		
Depo	ository, etc.		

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5(g) or (h	n). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N a	ame of Any Connected (Organization, Affiliated Committee, Joint Fundrais	ing Representative	e. or Leadership PAC Sponsor
	Pfriends of Pfluger			,
	Mailing Address	PO Box 30844		
		Bethesda	MD	20824
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint Fu	indraising Representa	tive Leadership PAC Sponsor
8. D e	esignated Agent: Identify	by name, address (phone number - optional)		
8. D e	esignated Agent: Identify	by name, address (phone number - optional)		
		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
— 8. De	Full Name			
	Full Name		· · · · · · · · · · · · · · · · · · ·	
9. B a	Full Name		ohone Number	
9. Ba sa	Full Name Mailing Address TITLE OR POSITION		ohone Number	
9. Ba sa Na	Full Name		ohone Number	
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9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.		ohone Number	

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5(g) or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
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	4		FEC ID number	С
	-	Drganization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
L	Transportation Trust F	und 		
L				
	Mailing Address	502 6th Street		
		Hudson	WI	54016
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. De	signated Agent: Identify	by name, address (phone number - optional)		
8. De	signated Agent: Identify	by name, address (phone number - optional)		
8. De		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
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8. De	Full Name			
8. De	Full Name		STATE	ZIP CODE ▲
9. Ba	Full Name		elephone Number	
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9. Ba saf Na	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositori fety deposit boxes or mai ume of Bank, epository, etc.	CITY A	elephone Number	
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5(g) or (h).	Joint Fundraising	J Participant:	
1.			FEC ID number
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3			FEC ID number
4			FEC ID number
6. Nam	e of Any Connected (Organization, Affiliated Committee, Joint Fi	undraising Representative, or Leadership PAC Sponsor
	rotect the House Cal	-	
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824
	Relationship:	CITY 🔺	STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X	Joint Fundraising Representative
	gnated Agent: Identify	by name, address (phone number - optiona	u)
Ν	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
L		· _ · · · · · · · · · · · · · · · ·	Telephone Number
safet <u>y</u> Name	As or Other Depositori y deposit boxes or mai e of Bank, psitory, etc.	ies: List all banks or other depositories in what in the second s	hich the committee deposits funds, holds accounts, rents
			STATE A ZIP CODE A

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Participant:		
FE	EC ID number	С
FE	EC ID number	С
FE	EC ID number	С
FE	EC ID number	С
Organization, Affiliated Committee, Joint Fundraising	g Representative	, or Leadership PAC Sponsor
PAC		
9460 Tegner Road		
Hilmar	CA	95324
CITY 🔺	STATE A	ZIP CODE
	raising Representa	tive Leadership PAC Sponsor
1		
	STATE A	ZIP CODE ▲
	ne Number	
es: List all banks or other depositories in which the co	ne Number	
es: List all banks or other depositories in which the co	ne Number	
	Fe Fe Fe Fe Fe Fe Fe Fe Fe Fe	FEC ID number FEC ID

5(g)	or (h). Joint Fundraisir	g Participant:	_	
	1.		FEC ID number	
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative,	or Leadership PAC Sponsor
	Emmer Majority Build			
	Mailing Address	824 South Milledge Avenue		
		Suite 101		
		Athens	GA	30605
	Relationship:		STATE A	
	Connecte	d Organization	Fundraising Representativ	ve
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		Te	ephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which t aintains funds.	he committee deposits	funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			