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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. PATRIOT ACTION FUND C/O BULLDOG COMPLIANCE ADDRESS (number and street) 138 CONANT STREET 2ND FLOOR (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CLIENT@BULLDOGCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.PATRIOTACTIONFUND.COM (Check if address is changed) DATE 02 2020 C00732917 FEC IDENTIFICATION NUMBER > 3. 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. GANTT, CHARLES, , , Type or Print Name of Treasurer GANTT, CHARLES, , , [Electronically Filed] 01 02 2020 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 Only

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
	TYPE OF COMMITTEE Candidate Committee:				
(a)		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. (Corinformation below.)	nplete the candidate		
Nam Cand	e of didate				
	didate / Affiliati	on Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of didate				
Par	ty Con	nmittee: (National, State	(Democratic,		
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is		
		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 s committee. (i.e., nonconnected committee)	egregated 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	t Fund	Iraising Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t			
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.				
	3.	FEC ID number C			
	4.				

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Write or Type Committee Name		
PATRIOT ACTION	ON FUND	
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Identi books and records. 	fy by name, address (phone number optional) and position of the person in pos	ssession of committee
GANTT, CH	IARLES, , ,	1
	C/O BULLDOG COMPLIANCE	
Mailing Address	138 CONANT STREET 2ND FLOOR	
	BEVERLY MA 01915	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 617 –	231 - 4328
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the na sistant treasurer).	me and address of
Full Name GANTT, CH	ARLES, , ,	1
of Treasurer	C/O BULLDOG COMPLIANCE	
Mailing Address	138 CONANT STREET 2ND FLOOR	
	BEVERLY MA 01915 CITY STATE	7ID CODE
Title or Position TREASURER		ZIP CODE 231 4328

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Full Name of Designated Agent	1	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
-	oxes or maintains funds.	
Name of Bank, I	Depository, etc.	
-	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE.	
Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE.	
Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE.	
Name of Bank, I	CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE. MCLEAN VA 22101	ZIP CODE
Name of Bank, I	CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE. MCLEAN CITY STATE	ZIP CODE
Name of Bank, I	CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE. MCLEAN CITY STATE	
Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE. MCLEAN CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE. MCLEAN CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE. MCLEAN CITY STATE Depository, etc.	

: 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: