1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Heal the Divide, Inc.

ADDRESS (number and street) ☐ ☐ (Check if address is changed) C/O RTA STRATEGY

1060 POWERS PLACE

ALPHARETTA CITY GA 30009

2. DATE 05/18/2023

3. FEC IDENTIFICATION NUMBER ▶ C C00840660

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., [Electronically Filed] Date 05/18/2023

NOTE: 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 Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)
5. 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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock

☐ Membership Organization ☐ Trade Association

☐ Labor Organization ☐ 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).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

(i) ☐ This committee collects contributions, pays fundraising expenses and disburse 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 disburse 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. ☐
Heal the Divide, Inc.

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

NONE

Mailing Address

<table>
<thead>
<tr>
<th>City ▲</th>
<th>State ▲</th>
<th>Zip Code ▲</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

1060 Powers Place

Alpharetta, GA 30009

Title or Position ▼

Treasurer

Telephone number

404-446-9907

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

1060 Powers Place

Alpharetta, GA 30009

Title or Position ▼

Treasurer

Telephone number

404-446-9907
Full Name of Designated Agent: Ikzler, Selim, , ,

Mailing Address: c/o Twin Arrows, LLC
2344 Ava Place
Decatur
GA 30333

Title or Position: Assistant Treasurer

Telephone number: 301-523-0794

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
Suite 100
Atlanta
GA 30339

Name of Bank, Depository, etc.

Mailing Address: 300 Galleria Parkway
Suite 100
Atlanta
GA 30339

Name of Bank, Depository, etc.

Mailing Address: 300 Galleria Parkway
Suite 100
Atlanta
GA 30339

Name of Bank, Depository, etc.

Mailing Address: 300 Galleria Parkway
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