

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

PGA TOUR, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1 PGA TOUR BLVD

☐

(Check if address
is changed)

PONTE VEDRA BEACH

CITY ▲

FL

STATE ▲

32082

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

12 / 11 / 2025

3. FEC IDENTIFICATION NUMBER ►

C 00196428

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 ALLISON KELLER

Signature of Treasurer

Allison Keller

Date

12 / 18 / 2025

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 03/2022)

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
CandidateCandidate
Party AffiliationOffice
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☐ 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 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 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. ☐

C	
C	

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ZIP CODE ▲

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11-11-11

- Name of Bank, Depository, etc.

ZIP CODE ▲

Name of Bank, Depository, etc.

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

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ZIP CODE ▲

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

5(i) or (j). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____
C _____
C _____
C _____

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

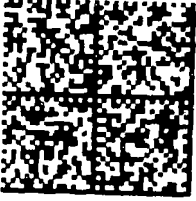
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12/22/2025 ZIP 32082
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9214 7969 0099 9790 2600 9612 55

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463



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The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12.22.25
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	<div style="display: flex; justify-content: space-between;"> Shipping Date Date of Receipt </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Next Business Day Delivery <input type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JRM	12.29.25
PREPARER	DATE PREPARED

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