**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Lawler for Congress, Inc. PO Box 137 ADDRESS (number and street) (Check if address is changed) Chappaqua 10514 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lauraschwartz99@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00815415 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Schwartz, Laura, A., Date 07 19 2025 Signature of Treasurer Schwartz, Laura, A., , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	Form 1 (Revised 03/2022) Page 2	
	YPE OF COMMITTEE:	
	andidate Committee:	
	This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate Lawler, Michael, Vincent, ,	
	Party Affiliation REP Sought: X House Senate President	NY 17
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	arty Committee:	
	(National, State or subordinate) committee of the Republican, etc.) Party	
	olitical Action Committee (PAC):	
	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.	
	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.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	oint Fundraising Representative:	
	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.	
	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	
	1C	
	2.	

	FEC Form 1 (Revised 0	(2/2009)	Page 3
W	/rite or Type Committee Name		
	Lawler for Congr	ess, Inc.	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	Lawler Victory Fund		
	Mailing Address	PO Box 87	
		1	
		South Salem NY 10590	·
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Schwartz, I	Jaura A	
	Full Name		
	Mailing Address	10 Dewitt Drive	
		Chappaqua NY 10514	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SIALE =	211 OODE =
	Treasurer	Telephone number 203 - L	241 5130
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
	Full Name Schwartz, I of Treasurer	_aura, A., ,	
	Mailing Address	10 Dewitt Drive	
		Chappaqua NY 10514	·
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 203 - L	241 - 5130

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Soule, Nathaniel, , ,		
Mailing Address	1515 Richmond Hwy		
	Apt. 1320		
	Arlington	VA L	22202
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position	•		
	Telephone n	umber	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the common kes or maintains funds.  epository, etc.	ittee deposits funds	s, holds accounts, rents
	M&T Bank		
Mailing Address	14 S Moger Ave		
	Mt Kisco	NY 1	0549
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		_
	Evolve Bank & Trust		1
Mailing Address	<sub>1</sub> 301 Shoppingway Boulevard		
Mailing Address			
	LWoot Momphie	ι ΔΡ ι ι 7	2301
	West Memphis		
	CITY A	STATE ▲	ZIP CODE ▲

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Page	of 19	

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecto	d Organization, Affiliated Committee, Joint Fun	droining Donrocontativ	o or Londovskin DAC Spans
PROTECT THE HO	_	Line in the presentative	e, or Leadership FAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
	CITY A	STATE A	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connect  Designated Agent: Ident	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X Joi		ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional)		Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	ed Organization Affiliated Committee X Joinify by name, address (phone number – optional)	nt Fundraising Represent	
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Depositions boxes or related to the position of Bank, Depository, etc.  Truist	ed Organization	nt Fundraising Represent	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposite tafety deposit boxes or related to the position of Bank, Truist	ed Organization	nt Fundraising Represent	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Depositions boxes or related to the position of Bank, Depository, etc.  Truist	ed Organization	nt Fundraising Represent	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_\_

1.		FEC ID number	С
3.		L EEC ID number	
A. Name of Any Connected Organiza  NEW YORK MAJORITY MAK  Mailing Address  PO BO  HUDS  Relationship:  Connected Organiza  Connected Organiza  Designated Agent: Identify by name  Full Name  Mailing Address  TITLE OR POSITION  TITLE OR POSITION  Safety deposit boxes or maintains further than the safety deposit b			С
Name of Any Connected Organiza  NEW YORK MAJORITY MAK  Mailing Address  PO BO  HUDS  Relationship:  Connected Organiza  Connected Organiza  Designated Agent: Identify by name  Full Name  Mailing Address  TITLE OR POSITION  TITLE OR POSITION  Sanks or Other Depositories: List safety deposit boxes or maintains full Name of Bank, Wells Fargo Ba		FEC ID number	С
NEW YORK MAJORITY MAK  Mailing Address  PO BO HUDS  Relationship:  Connected Organiza  Designated Agent: Identify by name  Full Name  Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Sanks or Other Depositories: List cafety deposit boxes or maintains fur  Name of Bank, Wells Fargo Ba		FEC ID number	C
NEW YORK MAJORITY MAK  Mailing Address  PO BO HUDS  Relationship:  Connected Organiza  Designated Agent: Identify by name  Full Name  Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Sanks or Other Depositories: List cafety deposit boxes or maintains fur  Name of Bank, Wells Fargo Ba	tion. Affiliated Committee. Joint Fu	undraising Representativ	e. or Leadership PAC Spons
Relationship:  Connected Organiza  Designated Agent: Identify by name  Full Name  Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Banks or Other Depositories: List cafety deposit boxes or maintains fur  Name of Bank, Wells Fargo Banks			
Relationship:  Connected Organiza  Designated Agent: Identify by name  Full Name  Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Banks or Other Depositories: List rafety deposit boxes or maintains fur  Name of Bank, Wells Fargo Banks			
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Connected Organization  Designated Agent: Identify by name  Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositories: List afety deposit boxes or maintains fullame of Bank, Wells Fargo Banks	ON	wi	54016
Full Name  Mailing Address  TITLE OR POSITION   Canks or Other Depositories: List afety deposit boxes or maintains fullame of Bank, Wells Fargo Bar	CITY A	STATE ▲	ZIP CODE ▲
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Sanks or Other Depositories: List afety deposit boxes or maintains fu			
Banks or Other Depositories: List afety deposit boxes or maintains fu			
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afety deposit boxes or maintains fu lame of Bank, , Wells Fargo Ba		Telephone Number	
Mailing Address 8302 W	all banks or other depositories in wh		ts funds,
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Bethes		MD	

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h). <b>Joint Fundraisi</b> i	ng Participant:		
1		FEC ID number	C
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3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
PROTECT THE HOL	JSE NEW YORK 2024		
<u> </u>			
Mailing Address	PO BOX 30844		
	BETHESDA	ı ı MD ı	20824
Relationship:	CITY A	STATE A	ZIP CODE A
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	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
		Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identif	by by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>			
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GROW THE MAJOR	I Organization, Affiliated Committee, Joint Fur	uraising nepresentative	e, or Leadership FAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA V	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
		int Fundraising Represent	ative Leadership PAC Spo
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Pesignated Agent: Identi	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
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(h). <b>Joint Fundraisi</b>	ng Participant:		
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lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e or Leadership PAC Spons
AMERICAN BATTLE			,
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
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Connecte  resignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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I	ng Participant:		
1.		FEC ID number	С
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4.		FEC ID number	С
SCALISE LEADERSH	Organization, Affiliated Committee, Joint I HIP FUND 2024	Fundraising Representative	e, or Leadership PAC Spons
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name Mailing Address	<u> </u>		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY ▲		ZIP CODE A
		Telephone Number	
Banks or Other Deposito	ries: List all banks or other depositories in v	Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in valuations funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents

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nected Organization, A DRITY BUILDERS	Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Spons
ss 824 S. MILLE	EDGE AVE. STE. 101		
ATHENS		GA L	30605
	CITY ▲	STATE	▲ ZIP CODE ▲
SITION ▼	CITY A	STATE A	ZIP CODE ▲
	PRITY BUILDERS  824 S. MILLE ATHENS  Innected Organization  Identify by name, addr	BRITY BUILDERS  824 S. MILLEDGE AVE. STE. 101  ATHENS  CITY   connected Organization Affiliated Committee	FEC ID number  nected Organization, Affiliated Committee, Joint Fundraising Representation  ORITY BUILDERS  824 S. MILLEDGE AVE. STE. 101  ATHENS  CITY A STATE  Connected Organization Affiliated Committee X Joint Fundraising Representation  Identify by name, address (phone number – optional)

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected GROW THE MAJOR	l Organization, Affiliated Committee, Joint ⊟ RITY	Fundraising Representation	ve, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Designated Agent: Identin	fy by name, address (phone number – option	al)	
<b>Designated Agent:</b> Identif	fy by name, address (phone number – option	al)	
	fy by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
Full Name	CITY	al)  STATE	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank,	CITY ▲  pries: List all banks or other depositories in valuations funds.	STATE A  Telephone Number	its funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A  city A  pries: List all banks or other depositories in valuations funds.	STATE A  Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank,	CITY A  city A  pries: List all banks or other depositories in valuations funds.	STATE A  Telephone Number	its funds, holds accounts, rents
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	g Participant:			
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lame of Any Connected	Organization, Affiliated Committe	e, Joint Fundraising	Representative	e, or Leadership PAC Sponsor
JKLC VICTORY FUN	D			
	FOO CTIL CIPET			
Mailing Address	502 6TH STREET			
	HUDSON		_ WI	54016
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Pesignated Agent: Identify Full Name	by name, address (phone number	- optional)		
Mailing Address				
TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲

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	_	iated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spon
dress	P.O. BOX 2811				
I					
	LAKELAND		, , , , <b>,</b> ,	FL	33806
p:		CITY A		STATE A	ZIP CODE ▲
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Connected O RY FUND 20			FEC I	D number  D number  D number	C C C or Leadership PAC Spons
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RY FUND 20	124		t Fundraising Re	presentative,	or Leadership PAC Spon
		ET SE			
ddress	320 FIRST STREE	T SE			
ddress	320 FIRST STREE	ET SE			
	WASHINGTON			DC	20003
hip:		CITY A		STATE ▲	ZIP CODE ▲
dress					
POSITION V		CITY A		STATE ▲	ZIP CODE ▲
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3	Connected Connec	Connected Organization  A  gent: Identify by name, address (  dress  POSITION   POSITION	Connected Organization	Connected Organization Affiliated Committee X Joint Fundraising gent: Identify by name, address (phone number – optional)  dress CITY ▲  CITY ▲  Telephone Number – Optional Telephone Number – Optio	Connected Organization

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
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lame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e. or Leadership PAC Spons
-	JORITY THROUGH NY	<u> </u>	·
Mailing Address	1305 W 11TH ST		<u> </u>
	213		
	HOUSTON	TX L	77008
Dolotionobina	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Spo
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Connected Agent: Identification of the Connected Agent: I	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee X Joint J	STATE A  Telephone Number	ZIP CODE A

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1.			
		FEC ID number	С
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4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun R COMMON SENSE	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST.		
-	STE. 115		
	ALEXANDRIA	VA	22314
		STATE ▲	ZIP CODE ▲
	CITY ▲  ed Organization	int Fundraising Represent	ative Leadership PAC Sp
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h). <b>Joint Fundraisi</b>	ng Farticipant.		
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3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
DEI END GOIX MAG			
Mailing Address	320 FIRST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
Connecte		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A

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	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
STRONGEST AME	RICA JFC		
Mailing Address	824 S MILLEDGE AVE STE 101		
Mailing Address			
	ATUENIC		20005
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X	oint Fundraising Represent	
Designated Agent: Ident	ify by name, address (phone number – optional		ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional		ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional	STATE A	ZIP CODE A
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ify by name, address (phone number – optional  CITY ▲  Ories: List all banks or other depositories in wh	STATE A Telephone Number	
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Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposition  Identificate to the position of Bank,  Jame of Bank,	ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	s funds, holds accounts, rents
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit  afety deposit boxes or not be a position, etc.	ify by name, address (phone number – optional  CITY   Ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ich the committee deposit	s funds, holds accounts, rents
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit  afety deposit boxes or not be a position, etc.	ify by name, address (phone number – optional  CITY   Ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ich the committee deposit	s funds, holds accounts, rents