NONN - 40 - NT - 0M - 004NMN5N

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2022 OCT 24 AM 10: 45

| FUNIVI I | | | Office Use Only |
|------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 |
| CAMPBELLL C | 0, U, N, T, Y, , R, E, P, U |), B, L, I, C, A, N, , P, A, R | <u>.T.Y</u> |
| | | 4.1 | |
| ADDRESS (number and street) | 101, JERO,M | 1.E. C.T. | |
| (Check if address is changed) | | | |
| · · · | CITY A | N.G. | |
| COMMITTEE'S E-MAIL ADDRE | SS | | · |
| (Check if address is changed) | ICO, U, N, T, Y, C, O, M | 1MITTER CCR | 1P1-1K141.1C101M1111111111111 |
| is changed/ | Optional Second E-Mail Ad | | |
| | | To the first section | |
| COMMITTEE'S WEB PAGE AD | DRESS (URL) | is dealer drick is district to the productors office and the first to | en la companya de la La companya de la companya de |
| (Check if address is changed) | CCRP-KY | () () () () () () () () | : |
| | | | |
| 2. DATE () () () | 3 2 2 2 | | |
| 3. FEC IDENTIFICATION N | имвек ▶ С | | en e |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | |
| I certify that I have examined the | nis Statement and to the bes | st of my knowledge and belief it | is true, correct and complete. |
| Type or Print Name of Treasure | . Stephen | R Cunnin | gham |
| Signature of Treasurer | JL (| Ciff. | Date 0,8, 23 22 |
| NOTE: Submission of false, erron | | n may subject the person signing ATION SHOULD BE REPORTED | this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS. |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | FEL. EUBINI I |

| • | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| C Form | 1 (Revised 03/2022) | Page 2 |
| TYPE C | OF COMMITTEE: | |
| Candid | date Committee: | |
| (a) | This committee is a principal campaign committee. (Complete the candid | date information below.) |
| (b) | This committee is an authorized committee, and is NOT a principal cam information below.) | paign committee. (Complete the candidate |
| Name Candid | e of | <u> </u> |
| Candid Party | lidate - Office - Affiliation Sought: House Sen | State nate President District |
| (c) . | This committee supports/opposes only one candidate, and is NOT an au | |
| | me of indidate | |
| Party (| Committee: | |
| (d) X | This committee is a STA (National, State or subordinate) committee of the | REP (Democratic, Republican, etc.) Party |
| Politica | eal Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organ | sization on line 6.) Its connected organization |
| | | |
| | 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 committee. (i.e., nonconnected committee) | is NOT a separate segregated fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify spon | sor on line 6.) |
| (a) | This committee is an independent expenditure-only political committee (S | Super PAC) |
| (g) | In addition, this committee is a Lobbyist/Registrant PAC. | Super (AO). |
| | • • | ~ - |
| (h) . • | This committee is a political committee with both contribution and non-co | ontribution accounts (Hybrid PAC). |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| Joint F | Fundraising Representative: | |
| (i) | This committee collects contributions, pays fundraising expenses and discommittees/organizations, at least one of which is an authorized commit | |
| (j) . | This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of a | • |
| Com | nmittees Participating in Joint Fundraiser | |
| . 1 | 1 | C |

| | FEC Form 1 (Revised | (3/2022) | Page 3 |
|----|---------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|
| ٧ | Vrite or Type Committee Name | | · · · · · · · · · · · · · · · · · · · |
| _ | | | |
| 3. | Name of Any Connected C | rganization, Affiliated Committee, Joint Fundraising Representation | ve, or Leadership PAC Sponsor |
| | | | |
| | | | |
| | Mailing Address | | |
| | | | |
| | | | [|
| | | CITY ▲ STATE | ▲ ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization Joint Fundraising Represe | entative Leadership PAC Sponso |
| | b.ac. | Sendi Sendi | Seed . |
| | | | |
| 7. | Custodian of Records: Iden books and records. | ify by name, address (phone number optional) and position of the per | son in possession of committee |
| | | | |
| | Full Name 5,7 E | P.H.E.N. CUNNIT, N.G.H.A.M. | |
| | Mailing Address | 1,0,1, JEROME, CT | |
| | | | |
| | | Id: Lo control | i. 1 ^ ^ |
| | | Collo SirikING Ky | 1 [4,1,0,7,6]-[,,,] |
| | T., 8 | CITY ▲ STATE | ▲ ZIP CODE ▲ |
| | Title or Position ▼ | | 960.000.11167 |
| | $T_iR_iE_iA_iS_iU_iR_iE_iR_i$ | Telephone number | 8,5,9,-19,9,2,-14,6,5,3 |
| | • | | |
| 3. | Treasurer: List the name ar any designated agent (e.g., | d address (phone number optional) of the treasurer of the committ assistant treasurer). | tee; and the name and address of |
| | Full Name | | |
| | of Treasurer $\begin{bmatrix} 5 & 7 & E \end{bmatrix}$ | P.H.E.N. CUNNINITINGHAM | |
| | Mailing Address | 101, JEROME, CT | |
| | | | |
| | | COLD SPRING KY | 1 14,1,0,7,6,-1 |
| | | | |
| | Title or Position ▼ | CITY ▲ STATE | ▲ ZIP CODE ▲ |
| | IT, R, E, A, S, U, R, E, R, | | 8591-19921-14653 |
| | | Telephone number | <u></u> |

CITY A

STATE ▲

ZIP CODE ▲

Page 4

FEC Form 1 (Revised 03/2022)

| | Optional Supplemental | Information |
|------------------------------|-----------------------------|-------------|
| EC Form 1S (Revised 03/2022) | for Lines 5(i) or (j), 6, 8 | B and/or 9 |

Page ___ **of** ___

| 5(i) or (j). | Joint Fundraising | J Participant: | |
|----------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|
| | 1 | | FEC ID number C FEC ID number C FEC ID number C FEC ID number C |
| 6. Na | me of Any Connected (| Organization, Affiliated Committee, Joint Fundra | ising Representative, or Leadership PAC Sponsor |
| Ĺ | | <u>-1llllllllllll</u> | |
| Ĺ | | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| | Mailing Address | | |
| | | | |
| | Relationship: | CITY A | STATE ▲ ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee Joint I | Fundraising Representative Leadership PAC Sponsor |
| 8. De : | Full Name | by name, address (phone number – optional) | |
| | Mailing Address | | |
| | | | |
| | TITLE OR POSITION | CITY ▲ | STATE ▲ ZIP CODE ▲ |
| | TILE OR POSITION | · | ephone Number |
| saf Na | inks or Other Depositor fety deposit boxes or mai time of Bank, epository, etc | ies: List all banks or other depositories in which thintains funds. | he committee deposits funds, holds accounts, rents |
| ı | | CITY ▲ | STATE ▲ ZIP CODE ▲ |

101 Jesome Spring. KN 4/076

THE THE PERSON STATES OF

CINCINNATION 452

).rst Strect

Jashington 1)

1004001

20252:10:28:0%:0042*257

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS** First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked . **USPS** Priority Mail Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing, Office Date of Receipt or Postmarked Other (Specify):

PREPARER (3/2015)