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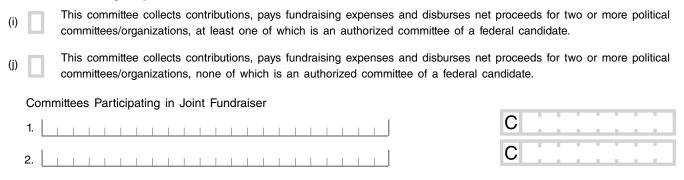
PAGE 1 / 4 🗕

STATEMENT OF ORGANIZATION

			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Catapult PAC				
ADDRESS (number and street)	1103 Meade Ave # 626			
 (Check if address is changed) 				
is changed)	Prosser		WA 99	9350
	CITY ▲		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
 (Check if address is changed) 	dawgperry@gmail.com			
is changed)	Optional Second E-Mail Add	dress	· · · · · · ·	· · · · · · · · · · · ·
2. DATE 06 2	D / Y Y Y Y 0 / 2024			
3. FEC IDENTIFICATION N	UMBER ► C co	00836064		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r Perry, Tom, , ,			
Signature of Treasurer Perry	/, Tom, , ,		Date 06	/ D D / Y Y Y Y 20 2024
NOTE: Submission of false, erron		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presi	State ident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
(d) The committee is a	(Democratic, Republican, etc.) Party ts 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) X This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
X 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:



Relationship:

Connected Organization

	FEC Form 1 (Revised 02	2/2009)																					P٤	age	3		
W	Vrite or Type Committee Name																				_						
	Catapult PAC																										
6.	Name of Any Connected Or Sessler, Jerrod, , ,	rganization, Affiliated	Comr	nitte	e, J	Joir	nt F	-un	dra	isi	ng	Rej	ore	ser	ntat	ive) , O l	r L	.ea	deı	rsh	ip	PA(C S	Зро	nsc	or I
																									<u> </u>		
	Mailing Address	1103 Meade Ave # 626	5 																								
			<u> </u>																								
		Prosser	<u> </u>	<u> </u>										V	VA 			Ľ	993	350 				- [
			CIT	Y 🔺									ę	STA	١ΤΕ						Z	<u>'</u> IP	СС)DE	E 🔺		

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Joint Fundraising Representative

X Leadership PAC Sponsor

Affiliated Organization

Perry, 1	ōom, , ,
Full Name	
Mailing Address	PO Box 1283
	Puyallup WA 98371 Image: I
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 253 - 988 - 2455

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	Perry, Tom, , ,
of Treasurer	
Mailing Address	PO Box 1283
	Puyallup WA 98371 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 253 988 - 2455

FEC Form 1 (Revised 02	2/20	009)																					Pag	e 4	۱		
Full Name of Designated Agent	_	1		1			1				1							1				1			1		1	
Mailing Address																												
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Title or Position ▼																												
											-	Tele	əph	one	e ni	umt	ber				•							

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.

Key B	ank		
Mailing Address	305 E 2nd St		
	Grandview	WA 98930	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depositor	ι, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲