

FEC FORM 1

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

Team Herschel Victory Committee

ADDRESS (number and street) PO BOX 501707

(Check if address is changed)

ATLANTA CITY ▲ GA STATE ▲ 31150 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) salpurpura2010@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) HTTPS://HERSCHELVICTORYCOMMITTEE.COM

2. DATE 11 / 01 / 2022

3. FEC IDENTIFICATION NUMBER ► C C00804310

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 PURPURA, SALVATORE, , MR,

Signature of Treasurer PURPURA, SALVATORE, , MR, [Electronically Filed] Date 11 / 01 / 2022

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.

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 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. PEOPLE'S CHAMPION PAC _____

2. SAVE AMERICA PAC _____

C C00792069 _____

C C00461723 _____

Write or Type Committee Name

Team Herschel Victory Committee

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 PURPURA, SALVATORE, , Mr.

Mailing Address 6334 PUMPERNICKEL LANE

MONROE	NC	28110
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CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 704 - 668 - 1993

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 PURPURA, SALVATORE, , Mr.

Mailing Address 6334 PUMPERNICKEL LANE

MONROE	NC	28110
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CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 704 - 668 - 1993

Full Name of Designated Agent | PASSANTINO, STEFAN, , ,

Mailing Address | 1050 CONNECTICUT AVE NW
| STE 500
| WASHINGTON | DC | 20036 |
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ | ATTORNEY-IN-FACT | Telephone number | 202 | 400 | 1530

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 SE
| ATLANTA | GA | 30339 |
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address |
|
| CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h). Joint Fundraising Participant:

- 1. TEAM HERSCHEL INC
2. WYOMING REPUBLICAN PARTY INC
3.
4.

- FEC ID number C C00787853
FEC ID number C C00005785
FEC ID number C
FEC ID number C

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

Name of organization input fields

Mailing Address input fields

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