

**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

The Joshua Super PAC

ADDRESS (number and street)

6369 Rio Vista Drive

☐ (Check if address is changed)

Concord Township

CITY ▲

OH

STATE ▲

44077

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

kathy.fishel@yahoo.com

Optional Second E-Mail Address

kathy.fishel@onetimewood.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

thejoshuasuperpac.com

2. DATE

MM / DD / YYYY  
03 / 26 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00810499

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 Fishel, Kathy, , ,

Signature of Treasurer

Fishel, Kathy, , ,

[Electronically Filed]








Date

MM / DD / YYYY  
03 / 26 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

# The Joshua Super PAC

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ 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

Fishel, Kathy, , ,

Mailing Address

6369 Rio Vista Drive

Concord Township

OH

44077

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

216

789

1961

**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

Fishel, Kathy, , ,

Mailing Address

6369 Rio Vista Drive

Concord Township

OH

44077

Title or Position

CITY

STATE

ZIP CODE

Telephone number

216

789

1961

Full Name of  
Designated  
Agent

Fishel, Connor, , ,

Mailing Address

6369 Rio Vista Drive

Concord Township

CITY

OH

STATE

44077

ZIP CODE

Title or Position

Telephone number

216

622

5130

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.

Great Lakes Bank

Mailing Address

7001 Center Street

Mentor

CITY

OH

STATE

44060

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F1N  
Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule:  
Transaction ID: