Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AARON BEAN FOR CONGRESS 2640A MITCHAM DRIVE ADDRESS (number and street) (Check if address is changed) **TALLAHASSEE** 32308 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address RHEITMEYER@CCRCPA.COM is changed) Optional Second E-Mail Address LMAULTSBY@CCRCPA.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00816983 FEC IDENTIFICATION NUMBER > 3. X 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 HEITMEYER, RICH, , HEITMEYER, RICH, , , Date 03 06 2024 Signature of Treasurer 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	<b>Form 1</b> (Revised 03/2022)	ge <b>2</b>
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X 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 candida information below.)	ite
	Name of Candidate BEAN, AARON, P.,	
	Candidate Party Affiliation REP Office Sought: House Senate President District	-
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	. 04
	Name of Candidate	
	Party Committee:  (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party Committee:	ty
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:
	Corporation Corporation w/o Capital Stock Labor Organization	n
	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 committee. (i.e., nonconnected committee)	party
	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:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more positive committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more possible committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
	Committees Participating in Joint Fundraiser	
	1. C	$\stackrel{\cdot}{=}$

TREASURER

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I	FEC Form 1 (Revised 0	2/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name	1.2335)			. age C
	AARON BEAN F	OR CONGRESS			
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Represe	ntative, or Leaders	ship PAC Sponsor
	AARON BEAN TEAM	1			
	Mailing Address	2640-A MITCHAM DRIVE			
		TALLAHASSEE		FL 32308	
		CITY ▲	ST	 ATE <b>▲</b>	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X	Joint Fundraising Re	epresentative	Leadership PAC Sponso
		7, 1			
7.	Custodian of Records: Identibooks and records.	ify by name, address (phone number optiona	l) and position of th	e person in possess	ion of committee
	HEITMEYE	ER, RICH, , ,			
	Full Name				
	Mailing Address	2640A MITCHAM DRIVE			
		TALLAHASSEE		FL 32308	
		CITY ▲	ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone number	r 850 – L	877   -   1099
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the tassistant treasurer).	treasurer of the co	mmittee; and the na	ame and address of
	Full Name HEITMEYE	ER, RICH, , ,			
	Mailing Address	2640A MITCHAM DRIVE			
		TALLAHASSEE		FL 32308	
		CITY ▲	ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼				

850

Telephone number

1099

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Mailing Address	DUPREE, ABBY, , ,  2640A MITCHAM DRIVE  TALLAHASSEE	FL	32308
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
ASSISTANT TRE	ASURER Telephone	number	850 - 877 - 1099
	<b>Depositories:</b> List all banks or other depositories in which the commes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, De	epository, etc.		
Mailing Address	HANCOCK WHITNEY BANK  2453 MAHAN DRIVE		
	TALLAHASSEE	L FL	32308
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
	CAPITAL BANK		
Mailing Address	10700 PARKRIDGE BLVD		
	STE 180		
	RESTON	Ŭ VA □	20191
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisir	ig Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Spon
TRANSPORTATION	TRUST FUND		
	↓ 502 6TH STREET		
Mailing Address			
	HUDSON	WI	54016
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X	loint Fundraising Represer	ntative Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number - optional		Leadership PAC Sp
esignated Agent: Identif  ZOTTOI  Full Name	y by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identif  ZOTTOI  Full Name	y by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identif  ZOTTOI  Full Name  Mailing Address	y by name, address (phone number – optional LI, STEPHANIE, , , , , , , , , , , , , , , , , , ,		
esignated Agent: Identif  ZOTTOI  Full Name	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE	) 	32308
esignated Agent: Identif  ZOTTOI  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE	)   FL   STATE ▲	32308 ZIP CODE <b>A</b>
esignated Agent: Identif  ZOTTOL Full Name  Mailing Address  TITLE OR POSITION ASSISTANT TREASUR ASSISTANT TREASUR AND AGENCY AG	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE  CITY A  ER  pries: List all banks or other depositories in wh	STATE A Telephone Number	32308 ZIP CODE ▲  850 – 877 – 109
esignated Agent: Identif  ZOTTOL Full Name  Mailing Address  TITLE OR POSITION ASSISTANT TREASUR	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE  CITY A  ER  pries: List all banks or other depositories in wh	STATE A Telephone Number	32308 ZIP CODE ▲  850 – 877 – 109
esignated Agent: Identif  ZOTTOL Full Name  Mailing Address  TITLE OR POSITION ASSISTANT TREASUR ASSISTANT TREASUR AND AGENCY AG	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE  CITY A  ER  pries: List all banks or other depositories in wh	STATE A Telephone Number	32308 ZIP CODE ▲  850 – 877 – 109
esignated Agent: Identification   ZOTTOLE   Full Name   Mailing Address  TITLE OR POSITION   ASSISTANT TREASURE   Anks or Other Deposited   afety deposit boxes or mail   ame of Bank,	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE  CITY A  ER  pries: List all banks or other depositories in wh	STATE A Telephone Number	32308 ZIP CODE ▲  850 – 877 – 109
esignated Agent: Identification    ZOTTOLE Full Name	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE  CITY A  ER  pries: List all banks or other depositories in wh	STATE A Telephone Number	32308 ZIP CODE ▲  850 – 877 – 109
esignated Agent: Identification    ZOTTOLE Full Name	y by name, address (phone number – optional LI, STEPHANIE, , ,  2640A MITCHAM DRIVE  TALLAHASSEE  CITY A  ER  pries: List all banks or other depositories in wh	STATE A Telephone Number	32308 ZIP CODE ▲  850 – 877 – 109