

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Booker for the Commonwealth

ADDRESS (number and street) (Check if address
is changed) P.O. Box 1Louisville
CITY ▲KY
STATE ▲40201
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

michael@tmwcompliance.com

Optional Second E-Mail Address
dacey@tmwcompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

charlesbooker.org

2. DATE

M M / D D / Y Y Y Y
12 / 03 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00929208

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 Smith, Kristal, , ,

Signature of Treasurer Smith, Kristal, , ,

Date

M M / D D / Y Y Y Y
12 / 03 / 2025NOTE: 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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

Booker for the Commonwealth**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 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

Montoya, Dacey, , ,

Mailing Address

1319 F St NW Ste 301

PMB 204

Washington

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

602 - 228 - 8902

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

Smith, Kristal, , ,

Mailing Address

P.O. Box 1

Louisville

KY

40201

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

502 - 438 - 5600

Full Name of
Designated
Agent

Sheridan, Michael, , ,

Mailing Address

1319 F St NW Ste 301

PMB 204

Washington

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Designated Agent

Telephone number

928

301

5514

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.

Amalgamated Bank

Mailing Address

1825 K Street NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲