Only

# STATEMENT OF

PAGE 1 / 17

**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. Team Herschel, Inc C/O 1302 BELLEVUE AVE ADDRESS (number and street) STE B (Check if address is changed) **DUBLIN** 31021 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS salpurpura2010@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.teamherschel.com (Check if address is changed) DATE 2023 C00787853 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. Purpura, Salvatore, , Mr., Type or Print Name of Treasurer Purpura, Salvatore, , Mr., [Electronically Filed] 05 2023 Signature of Treasurer Date 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	C Form 1 (Revised 03/2022)	Page 2
	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 can information below.)	didate
	Name of Candidate Walker, Herschel, , Mr.,	
	Party Affiliation REP Sought: House Senate President	State GA
	(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 Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	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 function committee. (i.e., nonconnected committee)	d or 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:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>
V	rite or Type Committee Name Team Hersche	Inc		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leadership	PAC Sponsor
	2022 Founders Com			
	Mailing Address	1305 W 11th St, #213		
		HOUSTON	TX 77008	
		CITY A	STATE ▲ ZIF	CODE A
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	g Representative Lead	dership PAC Sponsor
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of	of the person in possession	of committee
	PURPURA,	SALVATORE, , Mr.,		
	Full Name			
	Mailing Address	6334 PUMPERNICKEL LANE		
		MONROE	NC 28110	
		CITY A	STATE ▲ ZIF	CODE A
	Title or Position ▼			
	TREASURER	Telephone nur	mber 704 - 668	
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	e committee; and the name	and address of
	Full Name PURPURA,	SALVATORE, , Mr.,		
	of Treasurer			
	Mailing Address	6334 PUMPERNICKEL LANE		
		MONROE	NC 28110	
		CITY A	STATE ▲ ZIF	CODE A
	Title or Position ▼			
	TREASURER	Telephone nur	mber 704 - 668	3 - 1993

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	KOWALSKI, TREVOR, , ,		
Mailing Address	6334 PUMPERNICKEL LANE		
	MONROE	NC 2	B110
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position	•		
ASSISTANT TRE	ASURER Telephone no	umber 704	-  668   -  1993
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the commites or maintains funds.	ittee deposits funds,	holds accounts, rents
Name of Bank, D	epository, etc.		
	BANK OF AMERICA		
Mailing Address	600 N WASHINGTON ST		
	ALEXANDRIA	VA 22	314
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Bank of Nevada		
Mailing Address	8505 Centennial Parkway		
	Las Vegas	NV 89	149
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisin		FEC ID number	С
1		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Func	traising Representative	or Leadershin DAC Shon
· •	ICTORY COMMITTEE	araising ricpresentative	c, or Leadership FAC Spor
Mailing Address	900 CIRCLE 75 PKWY SE		
	STE 100		
	ATLANTA	GA L	30339
Relationship:	CITY A	STATE A	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identify PASSAN Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify PASSAN	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identify PASSAN Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identify PASSAN Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identify PASSANT Full Name Mailing Address	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON		
esignated Agent: Identify PASSAN Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY	DC STATE A	20024
esignated Agent: Identify PASSANT Full Name             Mailing Address  TITLE OR POSITION ATTORNEY-IN-FACT	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY	STATE A Telephone Number	20024 ZIP CODE <b>A</b>
PASSANT Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY   ies: List all banks or other depositories in which	STATE A Telephone Number	20024 ZIP CODE <b>A</b>
PASSANT Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY   ies: List all banks or other depositories in which	STATE A Telephone Number	20024 ZIP CODE <b>A</b>
PASSANT Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY   iles: List all banks or other depositories in which intains funds.  BRIDGE BANK	STATE A Telephone Number	20024 ZIP CODE <b>A</b>
PASSANT Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY   ies: List all banks or other depositories in which intains funds.	STATE A Telephone Number	20024 ZIP CODE <b>A</b>
PASSANT Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY   iles: List all banks or other depositories in which intains funds.  BRIDGE BANK	STATE A Telephone Number	20024 ZIP CODE <b>A</b>
PASSANT Full Name	by name, address (phone number – optional)  FINO, STEFAN, , MR,  ELECTIONS LLC  1000 MAIN AVE SW, 4TH FL  WASHINGTON  CITY   iles: List all banks or other depositories in which intains funds.  BRIDGE BANK	STATE A Telephone Number	20024 ZIP CODE <b>A</b>

FEC Form 1S (Revised 02/2017)

5(g) (	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundraisi	ing Representative	e, or Leadership PAC Sponsor
	Mailing Address	901 N WASHINGTON ST, STE 700		
		ALEXANDRIA	VA VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint Fun	ndraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telep	hone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	committee deposit	s funds, holds accounts, rents
	Name of Bank, SERVI	SFIRST BANK		
	Name of Bank, SERVI Depository, etc.	SFIRST BANK		
		SFIRST BANK  300 GALLERIA PARKWAY SE		
	Depository, etc.			
	Depository, etc.	300 GALLERIA PARKWAY SE	GA	30339

FEC Form 1S (Revised 02/2017)

ntal Information ), 6, 8 and/or 9 Page  $\frac{7}{}$  of  $\frac{17}{}$ 

(h). <b>Joint Fundraisir</b>	g Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 13026		
	Austin	TX	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
Pesignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
Pesignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
Pesignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
Pesignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
Pesignated Agent: Identification of the Full Name Mailing Address  TITLE OR POSITION Mailing Address  Banks or Other Deposited afety deposit boxes or mailing and	y by name, address (phone number – optional)  CITY   To  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   To  ries: List all banks or other depositories in which aintains funds.  HERN FIRST BANK  309 EAST PACES FERRY ROAD NE	STATE A	ZIP CODE A

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

1					
			FEC	D number	С
2.			FEC	D number	C
3.			FEC	D number	С
4.			FEC	D number	С
ame of Any Connected	Organization, Affi	liated Committee, Joint	Fundraising Re	epresentativ	e, or Leadership PAC Spon
1					
Mailing Address	900 CIRCLE 75	PKWY SE			
	STE 100				
	ATLANTA		1	GA	30339
Relationship:		CITY A		STATE A	ZIP CODE ▲
	by name, address	s (phone number – option	ai)		
Full Name					
Hull Name					
Mailing Address		CITY A		STATE A	ZIP CODE A
		CITY A	Telephone		ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank,	ries: List all banks		•	Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, ren
Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks		•	Number	

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

n). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
7-			
	l Organization, Affiliated Committee, Joint Fun		e, or Leadership PAC Spor
HERSCHEL WAI	LKER FOR GEORGIA VICTORY FU	JND	
	000 CIPCLE 75		
Mailing Address	900 CIRCLE 75		
	STE 100		
	ATLANTA	GA L	30339
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC S
		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

TITLE OR POSITION  anks or Other Depositor defety deposit boxes or material depositor, etc.  Mailing Address	ories: List all banks	CITY A  or other depositories in whi	STATE ▲ Telephone Number	ZIP CODE   ZIP CODE   its funds, holds accounts, rents
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposition of Bank, depository, etc.	ories: List all banks	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION  anks or Other Depositor defety deposit boxes or material depositions are of Bank,	ories: List all banks	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	ories: List all banks	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	▼	CITY A	STATE ▲ Telephone Number	ZIP CODE A
			STATE ▲	
Mailing Address				
Mailing Address				
Mailing Address				
Full Name				
esignated Agent: Identify		s (phone number – optional)	na ranadony nepresen	Loadelship I AO Sp
Connected	d Organization		pint Fundraising Represen	
Relationship:		CITY A	STATE A	ZIP CODE A
	LAS VEGAS		, NV	89136
Mailing Address	PO BOX 75127	1		
ame of Any Connected  LAXALT WALKER			ndraising Representativ	ve, or Leadership PAC Spons
4.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	С

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising			FEC ID number	
1.				C
2.			FEC ID number	
3.		F	FEC ID number	C
4.		F	FEC ID number	C
	rganization, Affiliated Committee,	Joint Fundraisir	ng Representative	e, or Leadership PAC Spor
RECLAIM THE MA	JORITY 			
Mailing Address	228 S WASHINGTON ST			
	STE 115			
	ALEXANDRIA		VA	22315
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Connected		Joint Fun	draising Representa	Leadership PAC S
Connected			draising Representa	Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee		draising Representa	Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee		draising Representa	Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee	optional)		Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee	optional)		
Connected designated Agent: Identify for the session of the sessio	Organization Affiliated Committee	optional)		
Connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee  oy name, address (phone number –  CITY A  es: List all banks or other depositori	optional)  Teleph	STATE A	ZIP CODE A
Connected designated Agent: Identify for the following Address  TITLE OR POSITION To the fety deposit boxes or main fety deposit boxes or main fame of Bank,	Organization Affiliated Committee  oy name, address (phone number –  CITY A  es: List all banks or other depositori	optional)  Teleph	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Tanks or Other Depositoria fety deposit boxes or mair arme of Bank, epository, etc.	Organization Affiliated Committee  oy name, address (phone number –  CITY A  es: List all banks or other depositori	optional)  Teleph	STATE A	ZIP CODE A

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

CITY A  zation Affiliated Committee  CITY A  CITY A  CITY A  CITY A  CITY A  CITY A  At all banks or other depositories in which funds.	STATE Telephone Numbe	TE A resentative	ZIP CODE A  Leadership PAC Spo  ZIP CODE A  ZIP CODE A  A  ZIP CODE A  A  A  A  B  Column 1
CITY A  zation Affiliated Committee   Affiliated Committee   CITY A  CITY A  ct all banks or other depositories in which	STATE Telephone Numbe	TE A resentative	ZIP CODE   Leadership PAC Spo  ZIP CODE   ZIP CODE
CITY A  zation Affiliated Committee   Affiliated Committee   CITY A  CITY A  ct all banks or other depositories in which	STATE Telephone Numbe	TE A resentative	ZIP CODE   Leadership PAC Spo  ZIP CODE   ZIP CODE
CITY A  zation Affiliated Committee   Affiliated Committee   CITY A  CITY A  ct all banks or other depositories in which	STATE Telephone Numbe	TE A resentative	ZIP CODE   Leadership PAC Spo  ZIP CODE   ZIP CODE
CITY A  zation Affiliated Committee   Affiliated Committee   CITY A  CITY A  ct all banks or other depositories in which	STATE Telephone Numbe	TE A resentative	ZIP CODE   Leadership PAC Spo  ZIP CODE   ZIP CODE
CITY A  zation Affiliated Committee   Mark Journe, address (phone number – optional)  CITY A	STATE Telephone Numbe	TE A resentative	ZIP CODE   Leadership PAC Spo  ZIP CODE   ZIP CODE
CITY A zation Affiliated Committee   Affiliat	STATE	TE A resentative	ZIP CODE   Leadership PAC Spo
CITY A zation Affiliated Committee   Affiliat	STA	TE A resentative	ZIP CODE   Leadership PAC Spo
CITY ▲ zation Affiliated Committee   ✓ Jo	STA	⊥_  L TE ▲	ZIP CODE ▲
CITY ▲ zation Affiliated Committee   ✓ Jo	STA	⊥_  L TE ▲	ZIP CODE ▲
CITY ▲ zation Affiliated Committee   ✓ Jo	STA	⊥_  L TE ▲	ZIP CODE ▲
CITY ▲ zation Affiliated Committee   ✓ Jo	STA	⊥_  L TE ▲	ZIP CODE ▲
CITY ▲ zation Affiliated Committee   ✓ Jo	STA	⊥_  L TE ▲	ZIP CODE ▲
CITY A	STA	⊥_  L TE ▲	ZIP CODE ▲
apolis		MD	21401
C Admiral Drive, Suite 321			
	ndraising Represe	ntative, or	Leadership PAC Sponse
		=	
	EEC ID num	abor C	
	FEC ID num	iber C	
	ization, Affiliated Committee, Joint Fur a Victory Fund 2022	FEC ID num	FEC ID number  FEC ID number  C  FEC ID number  C  C  ization, Affiliated Committee, Joint Fundraising Representative, or a Victory Fund 2022

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	1	EEO ID	
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TAKE BACK THE	SENATE		
Mailing Address	PO BOX 9891		
	ARLINGTON	, ,   VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

		other depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Depositors afety deposit boxes or management of Bank, Depository, etc.		other depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Depositors afety deposit boxes or management of Bank, Depository, etc.		other depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma		other depositories in which	the committee deposit	s funds, holds accounts, rents
Banks or Other Deposito		other depositories in which	the committee deposit	s funds, holds accounts, rents
			elephone Number	
TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
				1 , , , , 1-1 , ,
Mailing Address				
Full Name		. ,		
Designated Agent: Identif	v bv name. address (nh	one number – ontional)		
Connecte	d Organization Affili	iated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	ATLANTA		, GA	31150
Mailing Address	1 0 000 301707			
	PO BOX 501707			
Name of Any Connected			raising Representative	e, or Leadership PAC Sponso
4.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
2			FEC ID number	C

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TEAM HERSCHI	EL'S PEOPLE'S CHAMPION COMMI	TTEE	
1			
Mailing Address	900 CIRCLE 75		
	SUITE 100		
	ATLANTA	GA	30339
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h),

	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spon
WALKER FOR GA	A SENATE REPUBLICAN NOMIN	IEE FUND 2022	
	PO BOX 9891		
Mailing Address			
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optiona	I)	
esignated Agent: Identify	by name, address (phone number – optiona	<b>I)</b>	
	by name, address (phone number – optiona	<b>I)</b>	
Full Name	by name, address (phone number – optiona	i)	
Full Name	by name, address (phone number – optiona		
Full Name	CITY		
Full Name	CITY		
Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or maintenance of Bank,	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or maintenance of Bank,	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or maintenance of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A

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

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
-	AM MAJORITY FUND		
Mailing Address	228 S WASHINGTON ST.		
· ·	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A