

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

Michael Kirwan for Congress

ADDRESS (number and street) (Check if address
is changed)

2800 S Adams St Unit 5651

Tallahassee
CITY ▲FL
STATE ▲32314
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

sbsllc2017@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

http://www.sbsllc2017.com

2. DATE

09 / 17 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00920124

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 Zeigler, Clay, , ,

Signature of Treasurer Zeigler, Clay, , ,

Date 09 / 17 / 2025

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
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

Michael Kirwan for Congress

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

NONE

Mailing Address

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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

Green, Shelby, , ,

Mailing Address

2800 S Adams St Unit 5651

Tallahassee

FL

32314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Compliance

Telephone number

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

Zeigler, Clay, , ,

Mailing Address

2165 Oak Street

Jacksonville

FL

32204

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

214 - 686 - 1488

Full Name of
Designated
Agent

Green, Shelby, , ,

Mailing Address

2800 S Adams St Unit 5651

Tallahassee

FL

32314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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.

Truist

Mailing Address

3522 Thomasville Rd

Tallahassee

FL

32309

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲