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. FAITH AND POWER PAC 521 YOPP RD ADDRESS (number and street) STE 214 PMB 1008 (Check if address is changed) **JACKSONVILLE** 28540 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS faithandpowerpac@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2020 C00736751 FEC IDENTIFICATION NUMBER > 3. 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. PATTERSON, EZEKIEL, , , Type or Print Name of Treasurer PATTERSON, EZEKIEL, , , [Electronically Filed] 01 29 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee N		
FAITH AND F	POWER PAC	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
PATT Full Name	ERSON, EZEKIEL, , ,	
Mailing Address	521 YOPP RD	
maming / taarooo	STE 214 PMB 1008	
	JACKSONVILLE NC	28540
Title or Position	CITY STATI	E ZIP CODE
TREASURER	Telephone number	
3. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the comm.g., assistant treasurer).	nittee; and the name and address of
Full Name PATT of Treasurer	ERSON, EZEKIEL, , ,	
Mailing Address	521 YOPP RD	
	STE 214 PMB 1008	
	JACKSONVILLE NC	
Title or Position TREASURER	CITY STATE Telephone number	E ZIP CODE
l -		

	n 1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent		<u></u>			
Mailing Address					
	CITY STATE ZIF	P CODE			
Title or Position	Telephone number				
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. CHAIN BRIDGE BANK					
	CHAIN BRIDGE BANK				
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE				
Mailing Address	1445-A LAUGHLIN AVENUE				
Mailing Address					
Mailing Address	1445-A LAUGHLIN AVENUE MCLEAN VA 22101				
Mailing Address Name of Bank, I	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZII	P CODE			
	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZII	P CODE			
	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZII	P CODE			
Name of Bank, I	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZII	P CODE			
Name of Bank, I	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZII	P CODE			

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Faith and Power PAC 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: