1111205# 20240227 3022207400	Image#	20240227962228746	6
------------------------------	--------	-------------------	---

02/27/2024 05 : 34

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT ORGANIZATIO	-		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)		mple:If typing, type r the lines.	12FE4M5	
Kris Fitzgerald for (
ADDRESS (number and street)	940 Lyon Street			
 (Check if address is changed) 				
	Lake Wales CITY ▲		STATE ▲	8853
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	brenda@krisforcongress.com			
	Optional Second E-Mail Address shawna@reinemedia.com			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 02 / 20	b / Y Y Y Y 5 2024			
3. FEC IDENTIFICATION N	JMBER ► C C0084465	96		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the best of my	knowledge and belief it i	s true, correct an	d complete.
Type or Print Name of Treasure	r Kennedy, Brenda, , ,			
Signature of Treasurer Kenn	edy, Brenda, , ,		Date 02	/ D D / Y Y Y Y 27 2024
NOTE: Submission of false, errono	eous, or incomplete information may su ANY CHANGE IN INFORMATION S			e penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	-	
FE	EC Form 1 (Revised 03/2022)	Page 2
5.	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 information below.)	candidate
	Name of Fitzgerald, Kris, , , Candidate	
	Candidate Office	State FL
	Party Affiliation Sought: X House Senate President	District 15
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, or subordinate) committee of the	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperation	ive
	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 committee. (i.e., nonconnected committee)	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.)	

(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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

Relationship:

_	FEC Form 1 (Revised 0)2/2009)																					F	Pag	le :	3		
١	Write or Type Committee Name)																										
	Kris Fitzgerald for	or Congress																										
6.	Name of Any Connected O	rganization, Affiliated	Com	mitte	e, J	loin	nt F	un	drai	isin	g F	lep	rese	ənt	ativ	/e,	or	Le	eac	ler	sh	ip	PA	٩C	Sp	on	soi	r
	Kris Fitzgerald for Co	ongress													1		_											
													<u> </u>		<u> </u>													
	Mailing Address	940 Lyon Street	<u> </u>																									
			<u> </u>																									
		Lake Wales	<u> </u>]		FL				3	385	53] –				
			CIT	Y 🔺									S	TAT	E 4						Z	ZIP	С		DΕ			

X 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.

Kennedy, E	Brenda, , ,
Full Name	
Mailing Address	940 Lyon St
	<u> </u>
	Lake Wales FL 33853
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Campaign Manager	Telephone number 863 - 275 - 4394

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	Kennedy, Brenda, , ,
Mailing Address	940 Lyon St
	Lake Wales
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Campaign Manag	er Telephone number 863 275 4394

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Kennedy, Brenda, , ,	
Mailing Address	940 Lyon St	
	Lake Wales FL 33853	
Title or Position	7	
	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.

PNC Ba	nk 		
Mailing Address	7305 W Waters Ave		
	Tampa	FL 33634	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository, e	itc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲