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**FEC** 

11/17/2023 10 : 11

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## STATEMENT OF ORGANIZATION

FORM 1		ORGANIZ	ATION		
				(	Office Use Only
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Granite for A					
ADDRESS (number a	nd street)	PO Box 5911			
(Check if a is changed	address				
	*)	Manchester CITY ▲		NH 03 STATE ▲	3108  ZIP CODE ▲
COMMITTEE'S E-MA		SS			
(Check if a is changed		brittany@doylestrategygrou	p.com		
		Optional Second E-Mail Add	dress		
COMMITTEE'S WEB	address				
2. DATE 1	M / D 17	D / Y Y Y Y 2023			
3. FEC IDENTIFIC	CATION NU		00857177		
4. IS THIS STATEN	MENT ×	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined thi	is Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name	of Treasurer	Sullivan, Kathleen, , ,			
Signature of Treasure	er Sulliva	an, Kathleen, , ,		Date	/ D D / Y Y Y Y Y 17 2023
NOTE: Submission of	false, errone		may subject the person signing to TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

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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. (Complein information below.)	ete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:   (National, State   (Demonstrate)     (d)   This committee is a   or subordinate) committee of the   Republic	ocratic, Ilican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
Membership Organization Trade Association Co	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated 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) X 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	rid 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.

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Write or Type Committee Name	

## Granite for America

6.	Name of Any Connected	Organization, A	filiated Committee, Joint F	<sup>;</sup> undraising Rep	presentative, or Lead	lership PAC Sponsor
	Mailing Address					
			CITY 🔺		STATE 🔺	ZIP CODE
	Relationship: Connect	ed Organization	Affiliated Organization	Joint Fundraisin	ng 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.

	Sullivan, Ka	athleen, ,	, ,																									
Full Name																												
Mailing Address		PO Bo	x 5911																									
		Manch	ester	 			<u> </u>									Nł	<b>- </b>	]		03	108							
						СІТ	ΥĂ								S	TAT	E .					Z	IP (	COI	DE			
Title or Position	,																											
Treasurer											Tele	phc	one	nu	mbe	ər	l	(	603		- [	34	15			70	57 	

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	Sullivan, Kathleen, , ,
Mailing Address	PO Box 5911
	Manchester   NH   03108
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 603 - 345 - 7057

FEC Form 1 (Revised 02	2/2	009	9)																			Pag	ge 4	4		
Full Name of Designated Agent									 													1				
Mailing Address																										
																		L					· L			
						Cľ	ΤY								STA	λΤΕ				Z	P(	col	DE			
Title or Position ▼																										
										Tele	əph	one	e n	umł	ber				 - [				·			

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	275 7th Ave		
	New York		10001
	CITY ▲	STATE A	ZIP CODE
Name of Bank, [	Depository, etc.		
Mailing Address			
	CITY ▲	STATE 🔺	ZIP CODE