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PAGE	1	/ 5	

STATEMENT OF ORGANIZATION

Office Use Only 1 NAME OF COMMITTEE (in full) Check if name over the lines. 12FE4M5 Bootstrap Priorities PAC ADDRESS (number and street) P.O. Box 14444 Image: Commercial street P.O. Box 14444 Image: Commercial street Image: Commercial street Image: Commercial street P.O. Box 14444 Image: Commercial street Image: Commercial street Imag	FORM 1			
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COMMITTEE'S E-MAIL ADDRESS	Is changed)	Surfside Beach		SC 29587
(Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE 04 19 2023 3. FEC IDENTIFICATION NUMBER > C C00820209 4. IS THIS STATEMENT NEW (N) OR X AMENDED (A) Coll David, Cit David,				STATE ▲ ZIP CODE ▲
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Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) (Check if address) 2. DATE 04 19 2023 3. FEC IDENTIFICATION NUMBER ► C C00820209 4. IS THIS STATEMENT NEW (N) OR X 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 Cole, David,		ss info@campaignfinanci	al.com	
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Type or Print Name of Treasurer Cole, David, , ,	4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
	I certify that I have examin	ned this Statement and to the best	of my knowledge and belief it i	s true, correct and complete.
		Calo David		
	Type or Print Name of Tre	asurer Cole, David, , ,		
	Signature of Treasurer	Cole, David, , ,	[Electronically Filed]	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	NOTE: Submission of false,			
Office Use Only	Use		Federal Election Commissio Toll Free 800-424-9530	

EC 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 information below.)	the candidate
Name of Candidate ('','','','', '', '', '', '', '', '', '	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democr (d) This committee is a or subordinate) committee of the Republic	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	r Organization
	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
x 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	I PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

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.

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

(i)

(j)

1.	L													С				
2.	L													С				

	FEC Form 1 (Revised	02/2009)		Page 3
W	Irite or Type Committee Name			
	Bootstrap Prio	rities PAC		
6.	Name of Any Connected C FRY, RUSSELL, , ,	rganization, Affiliated Committee, Joint Fundraising R	Representative, or Leaders	ship PAC Sponsor
	Mailing Address	PO BOX 14641		
			SC 29587	
		CITY ▲	STATE A	ZIP CODE
	Relationship: Connected	Organization Affiliated Organization Joint Fundrai	aising Representative	Leadership PAC Sponse

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CFS, Comp	pliance, , ,
Full Name	
Mailing Address	P.O. Box 30844
	Bethesda MD 20824 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 301 - 654 - 3220

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	Cole, David, , ,
of Treasurer	
Mailing Address	P.O. Box 14444
	Surfside Beach SC 29587
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	301 654 3220

FEC Form 1 (Revised 02	2/2	200)9)]	Pag	e Z	1		
Full Name of Designated Agent																										1	
Mailing Address	L																										
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							CI	ΤY								STA	λΤΕ				ZI	P(ЭЕ			
Title or Position ▼																											
											Tele	eph	one	ə 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.

Wells	Fargo		
Mailing Address	8302 Woodmont Ave		
	Bethesda	MD 20814	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE

FFC	Form	1S	(Revised	02/2017)
			(11001000	02/2011/

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	С

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

Mailing Address	PO Box 30844				
-					
	Bethesda			MD 2082	24
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization Affiliat	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	7	CITY A	STATE A	ZIP CODE
		Telephon	e 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.																															
Mailing Address	L																														
	L																														
																						L						- [
	CITY 🔺										STATE A								ZIP CODE												