Image#	202206019514667571
mayem	202200013314007371

Image# 202206019514667571				06/01/2022 15 : 29
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 4
1. NAME OF	(Check if name	Example:If typing, type		Jse Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Canton for Congr	ess			1
ADDRESS (number and street)	240 Atlantic Ave			
Check if address				
is changed)	∟		FL 33480	
			STATE ▲	
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	steve@anacostiavc.co	m 		
is changed)	Optional Second E-Mail Add	dress		· · · · · · · · · · · · · · · · · · ·
	jill@anacostiavc.com) 		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
is changed)				
2. DATE 06 / 01	D / Y Y Y Y 2022			
3. FEC IDENTIFICATION NU	MBER ► C co	00738062		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it i	s true, correct and con	nplete.
Type or Print Name of Treasurer	Stamper, Vanessa, Jill, ,			
Signature of Treasurer	er, Vanessa, Jill, ,	[Electronically Filed]	Date	D1 / Y Y Y Y 2022
NOTE: Submission of false, errone		may subject the person signing th TION SHOULD BE REPORTED V		alties of 52 U.S.C. §30109

	Office Use Only				For further information contact: 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) x 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.)	e the candidate
	Name of Canton, Stephen, Gregory, ,	
	Candidate Office Party Affiliation IND Sought: House Senate President	State FL
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 21
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democratic democratic dem	ratic, can, 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	or Organization
	Membership Organization Trade Association Coop	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.	

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 Leadership PAC. (Identify sponsor on line 6.)

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(g)

(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.

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Canton for Congress

Maili	ing Addre	SS																									
																									- [_		
											СП	Y						ST	ATE			Z	IP	со	DE		

Page 3

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

Canton, Ste	phen, , ,						
Full Name							
Mailing Address	240 Atlantic Ave						
	Palm Beach FL 33480 - - -						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Custodian of Records							

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	Stamper, Vanessa, Jill, ,								
of Treasurer									
Mailing Address	240 Atlantic Ave								
	Palm Beach FL 33480								
	CITY ▲ STATE ▲ ZIP CODE ▲								
Title or Position ▼									
	Image: Second Processing								

FEC Form 1 (Revised 0	02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

Ba	nk of America		
Mailing Address	140 North County Road		
	Palm Beach		30
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depos	itory, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE