

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Team Herschel, Inc.

ADDRESS (number and street)

P.O. Box 501707

☐ (Check if address is changed)

Atlanta

CITY ▲

GA

STATE ▲

31150

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

teamherschel@rtastrategy.com

Optional Second E-Mail Address

stefan.passantino@electionlawllc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.teamherschel.com

2. DATE

MM / DD / YYYY
08 / 24 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00787853

4. 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.

Type or Print Name of Treasurer Boles, Jason, D, Mr.,

Signature of Treasurer

Boles, Jason, D, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 31 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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 candidate information below.)

Name of Candidate Walker, Herschel, , Mr.,

Candidate Party Affiliation REP Office Sought: ☐ House ☒ Senate ☐ President State GA District 00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, 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 Organization
☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ 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 fund or party committee. (i.e., nonconnected committee)

☐ 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. _____

C _____
 C _____

Write or Type Committee Name

Team Herschel, Inc.

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**
TEAM HERSCHEL "S PEOPLE" S CHAMPION COMMITTEE

Mailing Address

900 CIRCLE 75

SUITE 100

ATLANTA

GA

30339

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ 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.

Boles, Jason, D, Mr.,

Full Name

Mailing Address

PO Box 1483

Roswell

GA

30077

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

770

330

6185

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

Boles, Jason, D, Mr.,

Mailing Address

PO Box 1483

Roswell

GA

30077

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

770

330

6185

Full Name of
Designated
Agent

Passantino, Stefan, , ,

Mailing Address

Elections, LLC

1000 Maine Avenue, SW/ 4th Floor

Washington

DC

20024

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Attorney In Fact

Telephone number

202

400

1530

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.

ServisFirst Bank

Mailing Address

300 Galleria Parkway, SE

Suite 100

Atlanta

GA

30339

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445-A Laughlin Avenue

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

Adding Walker for GA Senate Republican Nominee Fund 2022

Form/Schedule:

Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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

TEAM HERSCHEL VICTORY COMMITTEE

Mailing Address PO BOX 501707

ATLANTA GA 31150

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name Thompson, Rick, , ,

Mailing Address PO Box 1483

Roswell GA 30077

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Assistant Treasurer

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

WALKER FOR GA SENATE REPUBLICAN NOMINEE FUND 2022

Mailing Address

PO BOX 9891

ARLINGTON

CITY ▲

VA

STATE ▲

22219

ZIP CODE ▲

Relationship:

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**WALKER, HERSCHEL MR., , ,

Mailing Address P.O. BOX 501707

 ATLANTA GA 31150 -
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

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

Full Name
Mailing Address

 CITY ▲ STATE ▲ 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.
Mailing Address

 CITY ▲ STATE ▲ ZIP CODE ▲