Image# 20240620964928458	2
--------------------------	---

06/20/2024 12:07

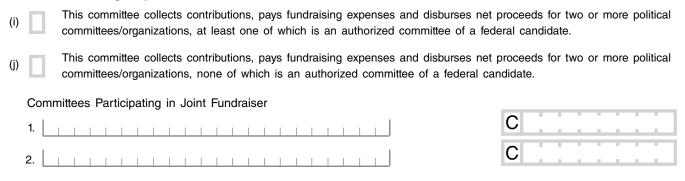
PAGE 1 / 4 🗕

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATEMEN ORGANIZA	_	Off	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
		IC/O BULLDOG COMPLIANCE			
ADDRESS (number and		138 CONANT ST STE 401			
 (Check if ac is changed) 					
				MA 019 STATE ▲	15 − [
COMMITTEE'S E-MAI	L ADDRES	S			
(Check if ac is changed)		CLIENT@BULLDOGCOMP			
is changed)		Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB (Check if ac is changed)	dress	RESS (URL)			
2. DATE 06	/ 20	2024			
3. FEC IDENTIFIC	ation Nui	MBER ► C co	0881474		
4. IS THIS STATEM	ENT	NEW (N) OR	× AMENDED (A)		
I certify that I have ex	amined this	s Statement and to the best	of my knowledge and belief it i	is true, correct and	complete.
Type or Print Name of	Treasurer	GANTT, CHARLES, , ,			
Signature of Treasurer	GANT	T, CHARLES, , ,		Date 06	20 / Y Y Y Y 2024
NOTE: Submission of fa	alse, erroneo		may subject the person signing th		penalties of 52 U.S.C. §30109
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC 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 prir information below.)	icipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is I	NOT an authorized committee.
Name of Candidate	
Party Committee: (National, State (d) This committee is a (a) Image: State (b) Image: State (c) Image: State (d) Image: State <th(d)< th=""></th(d)<>	e of the Comparison (Democratic, Republican, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connection) 	cted organization on line 6.) Its connected organization is a:
Corporation Corporation w/	o Capital Stock
Membership Organization Trade Associat	ion Cooperative
In addition, this committee is a Lobbyist/Registrant F	AC.
(f) This committee supports/opposes more than one Federal cano committee. (i.e., nonconnected committee)	lidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant F	AC.
In addition, this committee is a Leadership PAC. (Ide	entify sponsor on line 6.)
(g) $ imes$ This committee is an independent expenditure-only political co	mmittee (Super PAC).
In addition, this committee is a Lobbyist/Registrant F	AC.
(h) This committee is a political committee with both contribution a	and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant F	AC.

Joint Fundraising Representative:



Relationship:

Connected Organization

	FEC Form 1 (Revised 0	02/2009)				Page 3
٧	Vrite or Type Committee Name	1				
	FLORIDA PATR	IOTS F	PAC			
6.	Name of Any Connected O	rganization,	Affiliated C	Committee, Joint Fu	Indraising Representative, of	or Leadership PAC Sponsor
	Mailing Address					

STATE **▲**

Joint Fundraising Representative

ZIP CODE 🔺

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.

CITY

Affiliated Organization

GANTT, CH	HARLES, , ,		
Full Name			
Mailing Address			
	138 CONANT ST STE 401		
	BEVERLY	MA 01915	
	CITY A	STATE 🔺 Z	IP CODE 🔺
Title or Position ▼			
	Telephone r	umber 617 – 23	³¹ – <u>4328</u>

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	GANTT, CHARLES, , ,
Mailing Address	
	138 CONANT ST STE 401
	BEVERLY
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
	Image: Telephone number 617 231 4328

FEC Form 1 (Revised 02	2009)				Page 4
Full Name of Designated Agent					
Mailing Address					
		CITY	″▲	STATE 🔺 💈	ZIP CODE 🔺
Title or Position ▼					
			Telephone numb	oer	

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.

	CHAIN BRIDGE BANK, N.A.			
Mailing Address	1445-A LAUGHLIN AVE			
			VA 22101	
	CITY	▲	STATE A	ZIP CODE
Name of Bank, I	Pepository, etc.			
Mailing Address				
	CITY		STATE	ZIP CODE ▲