FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jerica for Congress PO 7292 ADDRESS (number and street) (Check if address is changed) Marietta 30065 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address katie@jericaforcongress.com is changed) Optional Second E-Mail Address andrew@jericaforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.jericaforcongress.com (Check if address is changed) DATE 2023 C00848309 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Winston, Katie,, Date 09 29 2023 Signature of Treasurer Winston, Katie, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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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.)	the candidate	
Name of Candidate Richardson, Jerica, , ,		
Candidate Party Affiliation DEM Office Sought: House Senate President	State GA District 06	
(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 Republication	atic, an, etc.) Party	
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:	
Corporation Corporation w/o Capital Stock Labor	r Organization	
	erative	
In addition, this committee is a Lobbyist/Registrant PAC.		
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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) 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
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		
1C		
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٧	Vrite or Type Committee Name		_
	Jerica for Congre	ess	
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
	Tioladoriomp.	Organization Proprocentative Proprocentative	Location in 1710 oponiosi
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possessi	ion of committee
	Winston, Ka	ntio	
	Full Name	ли с, , ,	
	Mailing Address	1704 Oak Haven Dr	
		1	1
		Marietta GA J 30008	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 678	545 9022
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the natissistant treasurer).	ame and address of
	Full Name Winston, K	atie	
	of Treasurer		
	Mailing Address	1704 Oak Haven Dr	
		Marietta GA 30008	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
			545

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Full Name of Designated Agent	Heaton, Andrew, , ,			
Mailing Address	2881 Cravey Dr NE			
	Atlanta	30345		
	CITY ▲ STATE A	ZIP CODE ▲		
Title or Position				
Campaign Mana	ger Telephone number			
Banks or Other safety deposit bo	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, I	Depository, etc.			
	Ameris Bank			
Mailing Address	3020 Paces Mill Rd			
	#150 			
	Atlanta	30339		
	CITY A STATE A	ZIP CODE ▲		
Name of Bank, Depository, etc.				
Mailing Address				
	CITY ▲ STATE ▲	ZIP CODE ▲		