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07/12/2024 17 : 48

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA	-		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Booker for Kentuck	‹y			
ADDRESS (number and street)	PO Box 4369			
(Check if address is changed)				
is changed)	Louisville └──└──└──└──└──└──└──└──└──└──└──└──└──		KY 40 STATE ▲	204 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	info@charlesbooker.org			
	Optional Second E-Mail Addr	ess		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 05 2	4 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N		0783274		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined t	his Statement and to the best o	f my knowledge and belief it i	s true, correct an	d complete.
Type or Print Name of Treasure	er <u>Keaton, Bianca, , ,</u>			
Signature of Treasurer Kear	ton, Bianca, , ,		Date 07	/ D D / Y Y Y Y Y 12 2024
NOTE: Submission of false, erron	eous, or incomplete information m ANY CHANGE IN INFORMATI	ay subject the person signing th ON SHOULD BE REPORTED V		e 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 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Booker, Charles, , , Candidate State KY Candidate Office DEM Senate House President Party Affiliation Sought: District 00 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 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.

This committee is an independent expenditure-only political committee (Super 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)	Page 3
Write or Type Committee Name	
Booker for Kentucky	

6.	Name of Any Connected O	rganization, Affiliated	Committee, Joint Fu	ndraising Representative,	or Leadership PAC Sponsor
	Mailing Address				
			CITY 🔺	STATE 🔺	ZIP CODE
	Relationship: Connected	Organization Affilia	ted Organization	Joint Fundraising Representa	tive 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.

Keator	Bianca, , ,	
Full Name		
Mailing Address	PO Box 4369	
	Louisville KY40204	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Treasurer	Telephone number	

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	Keaton, Bianca, , ,			
Mailing Address	PO Box 4369			
	Louisville KY 40204			
	CITY ▲ STATE ▲ ZIP CODE ▲			
Title or Position ▼				
Treasurer				

FEC Form 1 (Revised 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.

	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington		D6
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, E			
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE