FEC FORM 1 STATEMENT OF ORGANIZATION Office the Only 1 NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type wor the linea. 1.2FE4N5 Friends of Sonia Morris for Congress Friends of Sonia Morris for Congress	Image# 202204069495968823				PAGE 1 / 4
1. NAME OF COMMITTEE (in tuil) (Check if name is changed) Example: If typing, type 12FE4N5 Friends of Sonia Morris for Congress ADDRESS (number and street) P.O. Box 22463 (Check if address) (Check if address) (Check if address) Charleston (Check if address) (Check if address) (Check if address) (Coordopars.com) (a Schanged) (Coordopars.com) (b of ' 2022 3. FEC IDENTIFICATION NUMBER ▶ Coordopars.com (a Is THIS STATEMENT NEW (N) OR (b of ' 2022 3. FEC IDENTIFICATION NUMBER ▶ Coordopars.com (b of ' 2022 (check if	-				
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COMMITTEE'S E-MAIL ADDRESS	is changed)	Charleston		SC 2	29413
(Check if address is changed) treasurer@compassprofessional.com Optional Second E-Mail Address (Check if addres				L L STATE ▲	
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Only Toll Free 800-424-9530 (Nevised 00/2012)	Use				FEC FORM 1 (Revised 06/2012)

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	FI	EC Foi	rm 1 (Revised 02/2009)	Page 2	
	TYPE	OF C	OMMITTEE		
	Canc	didate	e 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. (Complein information below.)	ete the candida	te
	Name Candio	•	Pollard, Auriol, Sonia, ,		
	Candio Party	date Affiliatio	on REP Office Sought: X House Senate President	State District	SC 06
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candio	•••			
	Party	y Com	nmittee:		
	(d)			emocratic, epublican, etc.)	Party.
	Politi	ical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization	on is a:
			Corporation Corporation w/o Capital Stock	_abor Organiza	tion
			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 segr committee. (i.e., nonconnected committee)	egated 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.)		
,	Joint	Fund	Iraising Representative:		
((g)		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.	or more politica	l
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	I
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number		
		2.	FEC ID number		
		3.	FEC ID number		
		4.	FEC ID number		

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Friends of Sonia Morris for Congress

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

Mailing Address											
	CITY	STATE	ZIP CODE								
Relationship: Connected Organization Affiliated Committee 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.

Corrigan, I	Patrick, , ,
Full Name	
Mailing Address	611 Pennsylvania Ave SE
	#313
	Washington DC 20003
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 516 320 4912

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	Corrigan, Patrick, , ,
Mailing Address	611 Pennsylvania Ave SE
	#313
	Washington DC 20003 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 516 320 4912

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	١E		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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		
Mailing Address	1445A Laughlin Avenue		
	McLean		22101
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE