Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. POLARIS NATIONAL SECURITY PAC, INC. C/O BULLDOG COMPLIANCE ADDRESS (number and street) 138 CONANT STREET STE 401 (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS CLIENT@BULLDOGCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00800060 FEC IDENTIFICATION NUMBER > 3. X 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. GANTT, CHARLES, , , Type or Print Name of Treasurer GANTT, CHARLES, , , [Electronically Filed] 01 2023 Signature of Treasurer Date 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) 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 information below.)	n 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 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 on line 6.) Its connected organization is a:				
Corporation Corporation w/o Capital Stock	k Labor Organization				
Membership Organization Trade Association	Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.					
This committee supports/opposes more than one Federal candidate, and is to committee. (i.e., nonconnected committee)	NOT a separate segregated fund or party				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor of	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) x This committee is a political committee with both contribution and non-contribution
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
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					
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٧	Vrite or Type Committee Name				
	POLARIS NAT	IONAL SECURITY P	AC, INC.		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE				
	Mailing Address				
		CITY ▲	Sī	TATE <b>A</b>	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Re	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.				
	GANTT, CH	ARLES, , ,			
	Full Name				
	Mailing Address	C/O BULLDOG COMPLIANCE			
		138 CONANT STREET STE 401			
		BEVERLY		MA 0191	5
		CITY ▲	Sī	TATE A	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone numbe	er 617 –	231 - 4328
8.	<b>Treasurer:</b> 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 GANTT, CH	IARLES, , ,			
	of Treasurer				
	Mailing Address	C/O BULLDOG COMPLIANCE			
		138 CONANT STREET STE 401			
		BEVERLY		MA 0191	5
		CITY ▲	S	TATE <b>A</b>	ZIP CODE ▲
Title or Position ▼					
	TREASURER		Telephone numbe	er 617 –	231 - 4328

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	Full Name of Designated	(101,000 02,2000)		. agu i			
A	Agent						
N	Mailing Address						
Т	itle or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲			
Į		Telephone r	number				
B	Banks or Other lafety deposit box	<b>Depositories:</b> List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	unds, holds accounts, rents			
N	lame of Bank, D	epository, etc.					
	CHAIN BRIDGE BANK, N.A.						
N	failing Address	1445A LAUGHLIN AVE					
		MCLEAN	VA	22101			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.							
M	failing Address						
		CITY ▲	STATE ▲	ZIP CODE ▲			