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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rhonda Palazzo for Congress 2022 491 Mallard Creek Rd ADDRESS (number and street) (Check if address is changed) Louisville 40207 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@compassprofessional.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) rhondaforcongress.com (Check if address is changed) DATE 2022 C00799932 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. Corrigan, Patrick, , , Type or Print Name of Treasurer Corrigan, Patrick, , , [Electronically Filed] 04 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

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 to	below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)  Name of Palazzo, Rhonda, Raye, ,	. (Complete the candidate
Candidate Candidate	
Candidate Party Affiliation  REP  Office Sought:   House  Senate  President	State KY dent District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	tee.
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):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
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 separ committee. (i.e., nonconnected committee)	rate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal cand	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	s for two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

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Write or Type Committee Name		
Rhonda Palazz	o for Congress 2022	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
		<u>                                     </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the pers	on in possession of committee
Corrigan, F	Patrick, , ,	
Mailing Address	611 Pennsylvania Ave. SE	
-	Num 313	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	320 4912
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
Full Name Corrigan, F	<sup>3</sup> atrick, , ,	
Mailing Address	611 Pennsylvania Ave. SE	
	Num 313	
		20003   ZIP CODE
Title or Position Treasurer	CITY STATE  516  Telephone number	

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Full Name of Designated	1						
Agent							
Mailing Address	L						
	L						
	L		CITY		STATE		ZIP CODE
Title or Position							
				Telephone nu	ımber		
Banks or Othe safety deposit b Name of Bank,	oxes or mainta	ns funds.	uner depositories in	which the comm	·		
safety deposit to Name of Bank,	Depository, etc	ns funds.					
safety deposit b	Depository, etc	idge Bank					
safety deposit to Name of Bank,	Depository, etc	idge Bank			VA	22101	
safety deposit to Name of Bank,	Depository, etc	idge Bank				22101	ZIP CODE
safety deposit to Name of Bank,	Chain Br	idge Bank  1445A Laughlin Aver	nue		VA	22101	ZIP CODE
safety deposit by Name of Bank,  Mailing Address	Chain Br	idge Bank  1445A Laughlin Aver	nue		VA	22101	ZIP CODE
safety deposit by Name of Bank,  Mailing Address	Depository, etc	idge Bank  1445A Laughlin Aver	nue		VA		ZIP CODE
safety deposit by Name of Bank,  Mailing Address	Depository, etc	idge Bank  1445A Laughlin Aver	nue		VA		
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc	idge Bank  1445A Laughlin Aver	nue		VA		
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc	idge Bank  1445A Laughlin Aver	nue		VA		