Only

## STATEMENT OF

PAGE 1 / 7

**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. Kat for Congress 5200 NW 43rd St Ste 102-180 ADDRESS (number and street) (Check if address is changed) Gainesville 32606 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS katcammack@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.katforcongress.com (Check if address is changed) DATE 03 2022 C00730895 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. Harrison, Matt, , , Type or Print Name of Treasurer Harrison, Matt,,, [Electronically Filed] 06 2022 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

| FEC Form 1 (Revised 03/2022)   | Page 2               |
|--|----------------------|
| 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 committee. (Complete the information below.)  | e candidate          |
| Name of Cammack, Kat, , , Candidate  |                      |
| Candidate Party Affiliation REP Sought: House Senate President   | State FL District 03 |
| (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 Republican,  | •                    |
| Political Action Committee (PAC):  |                      |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte  | d organization is a: |
| Corporation Wa Copital Stock   | raanization          |
| Corporation Corporation w/o Capital Stock Labor O  Membership Organization Trade Association Coopera   | rganization          |
| In addition, this committee is a Lobbyist/Registrant PAC.  | aivo                 |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)  | d 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 PA  | AC).                 |
| 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 o  | r 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 o committees/organizations, none of which is an authorized committee of a federal candidate. | r more political     |
| Committees Participating in Joint Fundraiser   |                      |
| 1 C  |                      |

|    | EEC Eaum 1 (Parisas) 0                                     | 0/2000)   | Dawa <b>9</b>                       |
|----|--|---|-------------------------------------|
| ۱۸ | FEC Form 1 (Revised 02  Write or Type Committee Name       | 12009)  | Page <b>3</b>                       |
| V  | Kat for Congres  | SS  |                                     |
| 6. | Name of Any Connected Or                                   | ganization, Affiliated Committee, Joint Fundraising Representa                  | -                                   |
|    |  |   |                                     |
|    | Mailing Address  | PO BOX 30844  |                                     |
|    |  |   |                                     |
|    |  | BETHESDA  | 0   20824                           |
|    |  | CITY ▲ STAT   | E ▲ ZIP CODE ▲                      |
|    | Relationship: Connected                                    | Organization Affiliated Organization Joint Fundraising Representation           | esentative Leadership PAC Spons     |
| 7. | Custodian of Records: Identification books and records.    | y by name, address (phone number optional) and position of the p                | person in possession of committee   |
|    | Kilgore, Pau   | l, , ,  |                                     |
|    | Full Name  |   |                                     |
|    | Mailing Address  | 824 S Milledge Ave  |                                     |
|    |  | Ste 101   |                                     |
|    |  | Athens  | 30605                               |
|    |  | CITY ▲ STAT   | E ▲ ZIP CODE ▲                      |
|    | Title or Position ▼  |   |                                     |
|    | Custodian  | Telephone number  |                                     |
| 8. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the commonstant treasurer). | mittee; and the name and address of |
|    | Full Name Harrison, Ma                                     | att, , ,  |                                     |
|    | of Treasurer   |   |                                     |
|    | Mailing Address  | 5200 NW 43rd St Ste 102-180   |                                     |
|    |  | <u> </u>  |                                     |
|    |  | Gainesville FI  | L 32606                             |
|    |  | CITY ▲ STAT   | E ▲ ZIP CODE ▲                      |
|    | Title or Position ▼  |   |                                     |
|    | Treasurer  | Telephone number  | 352 - 514 - 6333                    |

| FEC Form 1 (Revised                                   | I 02/2009)   |                                  | Page <b>4</b>              |
|---|--|----------------------------------|----------------------------|
| Full Name of Designated Agent                         |  |                                  |                            |
| Mailing Address                                       |  |                                  |                            |
|   |  |                                  |                            |
|   |  |                                  |                            |
| Title or Position ▼                                   | CITY ▲   | STATE ▲                          | ZIP CODE ▲                 |
|   |  | Telephone number                 |                            |
| Banks or Other Deposito<br>safety deposit boxes or ma | ries: List all banks or other depositories in waintains funds. | rhich the committee deposits fur | nds, holds accounts, rents |
| Name of Bank, Depository,                             | , etc.   |                                  |                            |
| Wells   | Fargo  |                                  |                            |
| Mailing Address                                       | 8302 Woodmont Avenue   |                                  |                            |
|   |  |                                  |                            |
|   | Bethesda   | MD                               | 20814                      |
|   | CITY ▲   | STATE ▲                          | ZIP CODE ▲                 |
| Name of Bank, Depository,                             | , etc.   |                                  |                            |
| Classi  | ic City Bank   |                                  |                            |
| Mailing Address                                       | 2365 W Broad Street  |                                  |                            |
|   |  |                                  |                            |
|   | Athens   | GA L                             | 30606                      |
|   | CITY ▲   | STATE ▲                          | ZIP CODE ▲                 |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

| 5(g) | or(h). <b>Joint Fundraisin</b>   | g Participant:  |  |   |
|------|--|---|--|---|
|      | 1.   |   | FEC ID number                                | C   |
|      | 2.   |   | FEC ID number                                | C   |
|      | 3.   |   | FEC ID number                                | C   |
|      | 4.   |   | FEC ID number                                | C   |
|      |  |   |  |   |
| 6.   |  | Organization, Affiliated Committee, Joint Fundr   | aising Representative                        | e, or Leadership PAC Sponsor              |
|      | WOMEN BUILD 7  | THE FUTURE  |  |   |
|      |  |   |  |   |
|      |  | 228 S WASHINGTON ST   |  |   |
|      | Mailing Address  |   |  |   |
|      |  | STE 115   |  |   |
|      |  | ALEXANDRIA  | VA VA  | 22314                                     |
|      | Relationship:  | CITY ▲  | STATE ▲                                      | ZIP CODE ▲                                |
|      | Connected  | d Organization Affiliated Committee   | Fundraising Represent                        | ative Leadership PAC Sponsor              |
| 8.   | Designated Agent: Identify   | by name, address (phone number - optional)  |  |   |
|      | Full Name  |   |  |   |
|      | Full Name  |   |  |   |
|      |  |   |  |   |
|      |  |   |  |   |
|      | Mailing Address  | CITY A  | STATE A                                      | ZIP CODE A                                |
|      |  | ▼ CITY ▲  |  |   |
| 9.   | Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or maintain the safety deposit boxes or m | CITY  Te  | STATE A                                      | ZIP CODE A                                |
| €.   | Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main the safety deposit boxes or main the safety depository, etc.  | ries: List all banks or other depositories in which aintains funds.  Bridge Bank  1445 A Laughlin Ave | STATE A lephone Number the committee deposit | ZIP CODE   S funds, holds accounts, rents |
| €.   | Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main the safety deposit boxes or main the safety depository, etc.  | CITY  Te  ries: List all banks or other depositories in which aintains funds.  Bridge Bank            | STATE A                                      | ZIP CODE A                                |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

| 5(g) o | or(h). <b>Joint Fundraisin</b>                      | g Participant:                                     |                       |                                |
|--------|---|--|-----------------------|--------------------------------|
|        | 1.  |  | FEC ID number         | С                              |
|        | 2   |  | FEC ID number         | C                              |
|        | 3.  |  | FEC ID number         | C                              |
|        | 4   |  | FEC ID number         | C                              |
| 6.     |   | Organization, Affiliated Committee, Joint Fundrais | ing Representative    | e, or Leadership PAC Sponsor   |
|        |   |  |                       |                                |
|        | Mailing Address                                     | C/O RED CURVE SOLUTIONS                            |                       |                                |
|        |   | 138 CONANT ST, 2ND FL                              |                       |                                |
|        |   | BEVERLY  | MA MA                 | 01915                          |
|        | Relationship:                                       | CITY ▲   | STATE ▲               | ZIP CODE ▲                     |
|        | Connected   | d Organization Affiliated Committee                | indraising Representa | ative Leadership PAC Sponsor   |
| 8.     |   | by name, address (phone number – optional)         |                       |                                |
|        | Full Name   |  |                       |                                |
|        | Mailing Address                                     |  |                       |                                |
|        |   |  |                       |                                |
|        |   |  |                       |                                |
|        | TITLE OR POSITION                                   | ▼ CITY ▲   | STATE ▲               | ZIP CODE ▲                     |
|        |   | Telep  | phone Number          |                                |
| 9.     |   |  |                       |                                |
|        | safety deposit boxes or many Name of Bank, Truist/I |  | committee deposit     | s funds, holds accounts, rents |
|        | Name of Bank, Depository, etc.                      | aintains funds.  BB&T                              | committee deposit     | s funds, holds accounts, rents |
|        | safety deposit boxes or many Name of Bank, Truist/I | aintains funds.                                    | committee deposit     | s funds, holds accounts, rents |
|        | Name of Bank, Depository, etc.                      | aintains funds.  BB&T                              | e committee deposit   | s funds, holds accounts, rents |
|        | Name of Bank, Depository, etc.                      | aintains funds.  BB&T                              | e committee deposit   | s funds, holds accounts, rents |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

| (g) or (l | h). <b>Joint Fundraising</b>  | g Participant:  |                        |                              |
|-----------|---|---|------------------------|------------------------------|
|           | 1.  |   | FEC ID number          | C                            |
|           | 2.  |   | FEC ID number          | C                            |
|           | 3.  |   | FEC ID number          | C                            |
|           | 4.  |   | FEC ID number          | С                            |
| . N       | lame of Any Connected (   | Organization, Affiliated Committee, Joint Fundra                  | using Representative   | e, or Leadership PAC Sponsor |
|           | AWERICAN VICTO  |   |                        |                              |
|           |   |   |                        |                              |
|           | Mailing Address   | 824 S MILLEDGE AVE  |                        |                              |
|           |   | SUITE 101   |                        |                              |
|           |   | ATHENS  | GA GA                  | 30605                        |
|           | Relationship:   | CITY A  | STATE ▲                | ZIP CODE ▲                   |
|           | Connected   | Organization Affiliated Committee                                 | Fundraising Representa | ative Leadership PAC Sponso  |
| _         |   |   |                        |                              |
| . De      | esignated Agent: Identify  Full Name  | by name, address (phone number – optional)                        |                        |                              |
| . De      |   | by name, address (phone number – optional)                        |                        |                              |
| . De      | Full Name   | by name, address (phone number – optional)                        |                        |                              |
| . De      | Full Name   | by name, address (phone number – optional)                        |                        |                              |
| . Do      | Full Name   | CITY  | STATE A                | ZIP CODE A                   |
| . De      | Full Name   | CITY A  |                        |                              |
| Bi<br>Sa  | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor datety deposit boxes or main arms of Bank,               | CITY A  Tel  ies: List all banks or other depositories in which t | STATE ▲ ephone Number  | ZIP CODE 🛦                   |
| Bi<br>Sa  | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc. | CITY A  Tel  ies: List all banks or other depositories in which t | STATE ▲ ephone Number  | ZIP CODE 🛦                   |
| Bi<br>Sa  | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor datety deposit boxes or main arms of Bank,               | CITY A  Tel  ies: List all banks or other depositories in which t | STATE ▲ ephone Number  | ZIP CODE A                   |
| Bi<br>Sa  | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc. | CITY A  Tel  ies: List all banks or other depositories in which t | STATE ▲ ephone Number  | ZIP CODE A                   |
| Bi<br>Sa  | Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc. | CITY A  Tel  ies: List all banks or other depositories in which t | STATE ▲ ephone Number  | ZIP CODE A                   |