FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Team Herschel, Inc

ADDRESS (number and street) ☐ ◀ (Check if address is changed)

P.O. BOX 501707

ATLANTA — CITY ▲ | GA — STATE ▲ | 31150 – ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ ◀ (Check if address is changed)

salpurpura2010@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◀ (Check if address is changed)

www.teamherschel.com

2. DATE MM 07 / DD 15 / YYYY 2022

3. FEC IDENTIFICATION NUMBER ▶ C C00787853

4. 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.

Type or Print Name of Treasurer Purpura, Salvatore, , Mr.,

Signature of Treasurer *Purpura, Salvatore, , Mr.,* ***[Electronically Filed]*** Date MM 07 / DD 15 / YYYY 2022

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

5. TYPE OF COMMITTEE:

Candidate Committee:

(a) [x] 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 candidate information below.)

Name of Candidate: Walker, Herschel, , Mr.,

Candidate Party Affiliation: REP

Office Sought: [ ] House [x] Senate [ ] President

State: GA

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 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 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 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 PAC).

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(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. C

2. C

Write or Type Committee Name

Team Herschel, Inc

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

BARRASSO WALKER LAXALT VICTORY COMMITTEE

Mailing Address 901 N WASHINGTON ST, STE 700

ALEXANDRIA (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ 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.

Full Name PURPURA, SALVATORE, , Mr.,

Mailing Address 6334 PUMPERNICKEL LANE

MONROE (CITY ▲) NC (STATE ▲) 28110 – (ZIP CODE ▲)

Title or Position ▼ TREASURER

Telephone number 704 – 668 – 1993

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 PURPURA, SALVATORE, , Mr.,

Mailing Address 6334 PUMPERNICKEL LANE

MONROE (CITY ▲) NC (STATE ▲) 28110 – (ZIP CODE ▲)

Title or Position ▼ TREASURER

Telephone number 704 – 668 – 1993

Full Name of Designated Agent: PASSANTINO, STEFAN, , MR,

Mailing Address: ELECTIONS LLC
1000 MAIN AVE SW, 4TH FL
WASHINGTON (CITY ▲) DC (STATE ▲) 20024 – (ZIP CODE ▲)

Title or Position ▼: ATTORNEY-IN-FACT

Telephone number: 202 – 400 – 1530

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.: BANK OF AMERICA

Mailing Address: 600 N WASHINGTON ST
ALEXANDRIA (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Name of Bank, Depository, etc.: CHAIN BRIDGE BANK

Mailing Address: 1445 LAUGHLIN AVE
MCLEAN (CITY ▲) VA (STATE ▲) 22101 – (ZIP CODE ▲)

FEC **Form 1S** (Revised 02/2017)

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

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

CORNYN VICTORY COMMITTEE

Mailing Address PO Box 13026

Austin (CITY ▲) TX (STATE ▲) 78711 – (ZIP CODE ▲)

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ 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. SERVISFIRST BANK

Mailing Address 300 GALLERIA PARKWAY SE

STE 100

ATLANTA (CITY ▲) GA (STATE ▲) 30339 – (ZIP CODE ▲)

FEC **Form 1S** (Revised 02/2017)

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

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

TAKE BACK THE SENATE

Mailing Address PO BOX 9891

ARLINGTON (CITY ▲) VA (STATE ▲) 22219 – (ZIP CODE ▲)

Relationship:

- [ ] Connected Organization
- [ ] Affiliated Committee
- [x] Joint Fundraising Representative
- [ ] Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ 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. SOUTHERN FIRST BANK

Mailing Address 309 EAST PACES FERRY ROAD NE

STE 102

ATLANTA (CITY ▲) GA (STATE ▲) 30305 – (ZIP CODE ▲)

FEC **Form 1S** (Revised 02/2017)

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

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

TEAM HERSCHEL VICTORY COMMITTEE

Mailing Address PO BOX 501707

ATLANTA (CITY ▲) GA (STATE ▲) 31150 – (ZIP CODE ▲)

Relationship:

- [ ] Connected Organization
- [ ] Affiliated Committee
- [x] Joint Fundraising Representative
- [ ] Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ 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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

FEC **Form 1S** (Revised 02/2017)

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

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

TEAM HERSCHEL'S PEOPLE'S CHAMPION COMMITTEE

Mailing Address 900 CIRCLE 75

SUITE 100

ATLANTA | GA | 30339 –

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ 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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

FEC **Form 1S** (Revised 02/2017)

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

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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

WALKER FOR GA SENATE REPUBLICAN NOMINEE FUND 2022

Mailing Address PO BOX 9891

ARLINGTON (CITY ▲) VA (STATE ▲) 22219 – (ZIP CODE ▲)

Relationship:

- [ ] Connected Organization
- [x] Affiliated Committee
- [ ] Joint Fundraising Representative
- [ ] Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ 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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲