Image# 2022042595024	469948	04/25/2022 17 : 00
FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 5 =
		Office Use Only
1. NAME OF COMMITTEE (in 1	full) (Check if name Example: If typing, type over the lines.	e 12FE4M5
Heartland R	esurgence	
ADDRESS (number and	PO Box 627	
(Check if ac		
is changed)		KO 62006
	CITY A	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAI	LADDRESS	
(Check if ac		
is changed)		
	Optional Second E-Mail Address	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
is changed)		
	1	
2. DATE 04	25 2022	
3. FEC IDENTIFICA	ATION NUMBER ► C C00544551	
4. IS THIS STATEMI	ENT NEW (N) OR AMENDED (A	۹)
I certify that I have ex	camined this Statement and to the best of my knowledge and bel	ief it is true, correct and complete.
Type or Print Name of	f Treasurer Morgan, Christian, , ,	
o:	. Morgan, Christian, , , IFlectronically Filed	
Signature of Treasurer	. Morgan, Christian, , , [Electronically Filed]	J Date 04 25 2022

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 Use Only		For further information ca Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		
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AGE 1 / 5 🗕

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FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ו below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	e. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House Senate Pres	State sident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
Name of Candidate Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6	b.) Its connected organization is
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 sep committee. (i.e., nonconnected committee)	parate segregated fund or part
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 ca	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate	
Committees Participating in Joint Fundraiser	
1 FEC ID number	
2 FEC ID number	
3 FEC ID number	
4.	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Heartland Resurgence

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

Mailing Address																												
																			L			ļ						
	CITY															STA	ΤE					ΖI	P (200	DE			
Relationship:	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor												sor															
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 																												
	Morgan, C	hristia	an, , ,																									I
Full Name																												
Mailing Address		PO	Box 6	527	I	1 1	I	I	I	I			1	1	I			1		1	I	1	I	I	1	I		

	Chesterfield	MO	63006
Title or Position	CITY	STATE	ZIP CODE
Treasurer	Te	lephone number	1 654 3220

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	Morgan, Christian, , ,
Mailing Address	PO Box 627
	Chesterfield MO 63006 –
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 301 - 654 3220

Page 3

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				I		1							 										1							
Mailing Address																														
			L																1									1		
					1			1	1												1		L					I		
	CITY										STATE ZIP CODE																			
Title or Position																														
															Tele	eph	ione	e n	uml	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.

Bank c	f America		
Mailing Address	7800 Forsyth Blvd.		
	Clayton	MO	63105
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	tc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees

Form/Schedule: Transaction ID: