FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Herschel 34 PAC 478 Stirling Bridge Drive ADDRESS (number and street) (Check if address is changed) Ormond Beach 32174 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address salpurpura2010@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00792069 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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., PURPURA, SALVATORE, , MR., Date 05 15 2024 Signature of Treasurer 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

C Form	I (Revised 03/2022)	Page 2
TYPE O	F COMMITTEE:	
Candid	ate 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 tinformation below.)	he candidate
Name Candid		
Candid Party /	date Office House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate	
Party C	Committee:	
(d)	This committee is a (National, State (Democrati	ic, n, etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is
	Comparation Operation (A Comparation of Comparation	O
		Organization
	Membership Organization Trade Association Coope	rative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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).	
(9)	In addition, this committee is a Lobbyist/Registrant PAC.	
(1) —	_	24.0\
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid I	PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	undraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political
(j)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
_		
Comi	mittees Participating in Joint Fundraiser	

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٧	Vrite or Type Committee Name		
	Herschel 34 PAC		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponsor
?	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the per	son in possession of committee
	PURPURA	SALVATORE, , Mr.,	
	Full Name		
	Mailing Address	478 Stirling Bridge Drive	
		Ormond Beach	32174
		CITY ▲ STATE 4	▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	704 - 668 - 1993
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committed sistant treasurer).	ee; and the name and address of
		SALVATORE, , Mr.,	1
	of Treasurer		
	Mailing Address	478 Stirling Bridge Drive	
		Ormond Beach FL	32174
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	704 - 668 - 1993

PASSANTINO, STEFAN, MR, Agent Mailing Address ATH FL ATH FL WASHINGTON CITY A STATE A ZIP CODE A Title or Position V ATTORNEY-IN-FACT Telephone number ATTORNEY-IN-FACT Telephone number CHAIN BRIDGE BANK Mailing Address Address CHAIN BRIDGE BANK Mailing Address Address AMAGE BANK Mailing AMAGE	FEC Form 1	(Revised 02/2009)		Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ ATTORNEY-IN-FACT Telephone number ATTORNEY-IN-FACT Telephone number Telephone number Telephone number ATTORNEY-IN-FACT Telephone number	Designated Agent	1600 MAINE AVE SW		
Title or Position ATTORNEY-IN-FACT Telephone number Telephone n				
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. CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. SOUTHERN FIRST BANK Mailing Address 1309 EAST PACES FERRY RD, NE LINIT 102 LINIT 102 ATLANTA GA 30305	Title or Position ▼			211 0002 =
Name of Bank, Depository, etc. CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE MCLEAN CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. SOUTHERN FIRST BANK Mailing Address 1309 EAST PACES FERRY RD, NE UNIT 102 LATLANTA GA 30305	ATTORNEY-IN-F	ACT Telephone nui	mber	
CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE MCLEAN CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. SOUTHERN FIRST BANK Mailing Address 1309 EAST PACES FERRY RD, NE UNIT 102 ATLANTA GA 30305	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committees or maintains funds.	ee deposits fund	s, holds accounts, rents
Mailing Address 1445 LAUGHLIN AVE	Name of Bank, D	epository, etc.		
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. SOUTHERN FIRST BANK Mailing Address UNIT 102 ATLANTA GA 30305	Mailing Address			
Name of Bank, Depository, etc. SOUTHERN FIRST BANK Mailing Address JOS EAST PACES FERRY RD, NE UNIT 102 ATLANTA GA J30305				
Mailing Address 309 EAST PACES FERRY RD, NE		CITY A	STATE ▲	ZIP CODE ▲
Mailing Address 309 EAST PACES FERRY RD, NE UNIT 102 ATLANTA GA 30305	Name of Bank, D	epository, etc.		
UNIT 102 ATLANTA GA 30305				
ATLANTA GA 30305	Mailing Address			
		UNIT 102		
CITY ▲ STATE ▲ ZIP CODE ▲		ATLANTA	GA 3	30305
		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ig Participant:			
1.		FE	C ID number	C
2.		FE	C ID number	C
3.		FE	C ID number	C
4.		FE	C ID number	С
lame of Any Connected	Organization, Affiliated Commit	ee, Joint Fundraising	Representativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	d Organization Affiliated Comm		aising Represent	ative Leadership PAC Sp
esignated Agent: Identi	d Organization Affiliated Commy by by name, address (phone numb R, HERSCHEL, , ,		ising Represent	ative Leadership PAC Sp
esignated Agent: Identi WALKE Full Name	y by name, address (phone numb		ising Represent	ative Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone numb		ising Represent	ative Leadership PAC Sp
esignated Agent: Identi WALKE Full Name	y by name, address (phone numb			
esignated Agent: Identi WALKE Full Name	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707		GA L	31150
resignated Agent: Identi WALKE Full Name Mailing Address TITLE OR POSITION	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707 ATLANTA			
resignated Agent: Identi WALKE Full Name Mailing Address	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707 ATLANTA	er – optional)	GA L	31150
resignated Agent: Identi WALKE Full Name Mailing Address TITLE OR POSITION	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707 ATLANTA	er – optional)	GA STATE A	31150
resignated Agent: Identi WALKE Full Name Mailing Address TITLE OR POSITION Chairman Line Line Line Canks or Other Deposite	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707 ATLANTA CITY A pries: List all banks or other depose	er – optional) Telephon	GA STATE A de Number	31150 ZIP CODE A
resignated Agent: Identi WALKE Full Name Mailing Address TITLE OR POSITION Chairman Chairm	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707 ATLANTA CITY A pries: List all banks or other depose	er – optional) Telephon	GA STATE A de Number	31150 ZIP CODE A
resignated Agent: Identi WALKE Full Name Mailing Address TITLE OR POSITION Chairman Line Line Line Canks or Other Deposite	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707 ATLANTA CITY A pries: List all banks or other depose	er – optional) Telephon	GA STATE A de Number	31150 ZIP CODE A
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TITLE OR POSITION Chairman Canks or Other Deposite afety deposit boxes or management of Bank, depository, etc.	y by name, address (phone numb R, HERSCHEL, , , PO BOX 501707 ATLANTA CITY A pries: List all banks or other depose	er – optional) Telephon	GA STATE A de Number	31150 ZIP CODE A
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