FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing is changed) over the lines.	g, type 12FE4M5
ADDRESS (number and street)		
(Check if address	138 CONANT STREET STE 401	
is changed)		Ima Ima </td
COMMITTEE'S E-MAIL ADDF	RESS	
(Check if address is changed)		M
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE A	DDRESS (URL)	
2. DATE 01	20 / Y Y Y Y 2023	
3. FEC IDENTIFICATION	NUMBER ► C C00751032	
4. IS THIS STATEMENT	NEW (N) OR AMEND	ED (A)
I certify that I have examined	this Statement and to the best of my knowledge an	nd belief it is true, correct and complete.
Type or Print Name of Treasu	rer GANTT, CHARLES, , ,	
Signature of Treasurer	NTT, CHARLES, , , [Electronically	Filed] Date M M / D D / Y Y Y Y Y 01 20 2023
NOTE: Submission of false, erro	oneous, or incomplete information may subject the perso ANY CHANGE IN INFORMATION SHOULD BE RE	on signing this Statement to the penalties of 52 U.S.C. §30109 EPORTED WITHIN 10 DAYS.
Office Use Only		formation contact: on Commission 424-9530 FEC FORM 1 (Revised 06/2012)

FEC	Form 1 (Revised 03/2022)	Page 2
5.	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 cal information below.)	ndidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State
	(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, etc.) Party
	Political Action Committee (PAC):	nanization is a:
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	-
	Corporation Corporation w/o Capital Stock Labor Organ	ization
	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 fur committee. (i.e., nonconnected committee)	d 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) X 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
 2.

Relationship:

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	FEC Form 1 (Revised 02	2/200	09)																											Pa	age	: 3			
۷	Vrite or Type Committee Name																																		
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6.	Name of Any Connected Or NONE	gani	zati	ion,	Aff	filia	atec	I C	om	mi	tte	e, J	oir	nt F	un	dra	isi	ng	Re	ore	sei	nta	tive	e, o	r L	.ea	deı	rsh	ip I	PA	c s	эро	ns	or	
	Mailing Address																																		
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Connected Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponsor
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STATE

ZIP CODE 🔺

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CITY **▲**

GANTT, C	CHARLES, , ,			
Full Name				
Mailing Address				
	138 CONANT STREET STE 401			
	BEVERLY	[N	MA 01915	
		STA		ZIP CODE
Title or Position ▼				
		Telephone number	617	231 - 4328

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	GANTT, CHARLES, , ,
of Treasurer	
Mailing Address	
	138 CONANT STREET STE 401
	BEVERLY
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
TREASURER	Image: Telephone number 617 231 4328

FEC Form 1 (Revised 02	2/2	20(09)																						Paç	ge 4	4	
Full Name of Designated Agent										 		I						1											
Mailing Address																													
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Title or Position ▼																													
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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	1445-A LAUGHLIN AVE		
		VA 2210	1
	CITY ▲	STATE ▲	ZIP CODE
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲