

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA  
2025 SEP 12 PM 4:54

**1. Full Name of Committee**

Bold Momentum PAC

**Telephone**

850-296-7259

**Mailing Address (include city, state and zip code)**

Int. 204  
1325 Stone Road Tall, FL 32303

**Street Address (include city, state and zip code)**

Same

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship

**3. Area, Scope and Jurisdiction of the Committee**

Leon County / Tallahassee

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

Education

**5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)**

Full Name	Mailing Address	Committee Title or Position
Kamille Bolden		Chair / Treasurer
Whitney Bolden		

**6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)**

Full Name	Mailing Address	Committee Title or Position

**7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)**

Full Name	Mailing Address	Office Sought	Party
		Not at this time	Dem

**8. List Any Issues this Committee is Supporting:** Education

**List Any Issues this Committee is Opposing:**

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address

**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF Florida COUNTY Leon

I, Whitney Bolden, certify that the information in this Statement of Organization is complete, true and correct.

**X**   
Signature of Chairman of Political Committee

9/12/2025  
Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

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**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

OFFICE USE ONLY

1. Committee <u>Bold Momentum PAC</u>		2. Telephone <u>(850) 294-7259</u>	
3. Name of Treasurer or Deputy Treasurer <u>Kamille Bolden</u>		4. Email (optional) <u>boldenforprogress@gmail.com</u>	
5. Telephone (optional)			
6. Mailing Address <u>1325 Stone Road Unit 204 Tall, FL 32303</u>			
7. Street Address <u>1325 Stone Road Unit 204 Tall, FL 32303</u>			
8. The following bank has been designated as the <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <u>Bank of America</u>		10. Street Address <u>2930 Apalachee Pkwy S</u>	
11. City <u>Tallahassee</u>		12. State <u>FL</u>	13. Zip Code <u>32301</u>
14. Signature of Chairman <u>X</u> 		15. Name of Chairman (Print or Type) <u>Whitney Bolden</u>	

**Campaign Treasurer's Acceptance of Appointment**

I, Kamille Bolden, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Bold Momentum PAC  
(Committee)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

9/12/2025

Date

X

Signature of Campaign Treasurer or Deputy Treasurer