RECEIVED FEC MAIL CENTER 2018 AUG - 3 AM 9: 54

August 1, 2018

Modern Republicans 732 Eden Way North 542 Suite E Chesapeake, VA 23320

Dear sir or madam,

Due to the sudden death of our Treasurer, Brenda Lee Ike, on July 15, 2018, the FEC Form 3X was not completed and delivered to you in a timely fashion. As the previous Treasurer, I have stepped in as temporary Treasurer until we are able to elect a permanent Treasurer. Unfortunately, it has taken this amount of time to be able to contact the family and the bank, and be able to retrieve the appropriate paperwork, to complete the Form 3X.

Thank you for your understanding in this matter,

Dacia Marxfieser ` Modern Republicans PAC



FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2018 AUG - 3 AM 9: 54 Office Use Only
1. NAME OF COMMITTEE (ir	n full) (Check if name Example: If typing, type over the lines.	12FE4M5
	REPUBLICANS	<u></u>
ADDRESS (number a	and street) [732 EDEN WAY N	
Check if	address 1542 SUITE E	
is change		VA 23320 -
		STATE A ZIP CODE A
COMMITTEE'S E-M	AIL ADDRESS	
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is change	Optional Second E-Mail Address	┶╍╅╍╫╼┨╴╂╴┶╌╛╴╬╸┠╺┠╺╶┨╸╢╸╢╶┨╴
COMMITTEE'S WEE	B PAGE ADDRESS (URL)	
(Check if is change		
2. DATE	8 ' 01" ' 2018	N. Contraction of the second se
3. FEC IDENTIFI		
4. IS THIS STATE		
L certify that I have	examined this Statement and to the best of my knowledge and belief i	t is true, correct and complete
r oor my max r navo		
Type or Print Name	of Treasurer DACIA MARXRIESER	
Signature of Treasu	rer Japp-f	Date 08 01 2018
NOTE: Submission of	f false, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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		m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.))
(b)	X	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name Cand			
Cand Party	idate Affiliatio	on Office Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	imittee:	
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization	Cooperative
		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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC,	
Join	3 0	In addition, this committee is a Lobbyist/Registrant PAC.	
Join (g)	3 0	In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	3 0	In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Iraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(g)	t Func	In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Iraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t	•
(g)	t Func	In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Iraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	•
(g)	t Func	In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Iraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 the committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	•
(g)	t Func D Com 1.	In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Iraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate. This committees Participating in Joint Fundraiser Imittees Participating in Joint Fundraiser	•

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Write or Type Committee Name

MODERN REPUBLICANS

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

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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 DAC			
Mailing Address	1520 PINE GROVE LANE		
		<u> </u>	
			23321
Title or Position	CITY	STATE	ZIP CODE
ACTING TREA		lephone number	57 - 288 - 3841

FEC Form 1 (Revised 02/2009) Page 4 Full Name of Designated Agent Mailing Address ZIP CODE CITY STATE Title or Position |-| · · **· · ·** Telephone number 111 1 1

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.

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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