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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SEALs For Truth 1602 Belle View Blvd #3438 ADDRESS (number and street) (Check if address is changed) Alexandria 22307 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@sealsfortruth.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) sealsfortruth.com (Check if address is changed) DATE 2021 C00619973 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. McIntyre, Dustin, , , Type or Print Name of Treasurer McIntyre, Dustin, , , [Electronically Filed] 05 2021 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE • 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 candidate information below.)				
Nam Cand	e of didate					
	didate / Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of didate					
Par	ty Con	mmittee:  (National, State (Democratic,				
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 separate segregation committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t				
(h)		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 to committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	mittees Participating in Joint Fundraiser				
	1.					
	2.					
	3.	FEC ID number C				
	4.					

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Write or Type Committee	Name	
SEALs For T	ruth	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
ý		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee
McIn Full Name	ntyre, Dustin, , ,	
Mailing Address	1602 Belle View Blvd #3438	
amig / taal eee		
	Alexandria VA 22	2307
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 591 _ 0050
. <b>Treasurer:</b> List the name any designated agent (contents)	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name McIn	tyre, Dustin, , ,	
Mailing Address	1602 Belle View Blvd #3438	
	Alexandria VA 22	2307
Title or Position	CITY STATE	ZIP CODE
	Telephone number	-  -  -  -  -  -  -  -  -  -  -  -  -

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Full Name of Designated		- 1
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101	
	CITY STATE	ZIP CODE
Name of Bank,		
Mailing Address		