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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. Lone Star Values PAC 13520 McLearen Rd ADDRESS (number and street) No 711024 (Check if address is changed) Herndon 20171 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS maria@trinityfrc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2018 C00669325 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. Wojciechowski, Maria, , , Type or Print Name of Treasurer Wojciechowski, Maria, , , [Electronically Filed] 02 2018 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nan		<u> </u>
Lone Star Valu	es PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecto	ed Organization Affiliated Committee Joint Fundraising Represen	tative Leadership PAC Sponso
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	person in possession of committee
Wojciech	nowski, Maria, , ,	
Mailing Address	13520 McLearen Rd.	
ivialility Address	No 711024	
	Herndon	20171
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Wojciech of Treasurer	owski, Maria, , ,	
Mailing Address	13520 McLearen Rd.	
	No 711024	
	Herndon	20171
Title or Decition	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

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

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: