Only

PAGE 1/5 =

| FEC<br>FORM 1               |                 |                   | GANIZA                 |   |                |             | C          | Office Use | Only   |          | •            |
|-----------------------------|-----------------|-------------------|------------------------|---|----------------|-------------|------------|------------|--------|----------|--------------|
| 1. NAME OF<br>COMMITTEE (ir | n full)         |                   | eck if name<br>hanged) | Example: If typing over the lines.                  | g, type        | 12FE        | 4M5        |            |        |          |              |
| Stronger Vi                 | irginia         | Politica          | I Action (             | Committee   | 1 1 1 1        | 1 1 1       | 1 1 1      | 1 1        | 1 1    | 1 1 1    | <sub>1</sub> |
|                             |                 |                   |                        |   |                |             |            |            |        |          |              |
| ADDRESS (number a           | nd street)      | 7213 Farr St      |                        |   |                |             |            |            |        |          |              |
| (Check if a                 |                 | 1                 |                        |   |                | 1 1 1       | 1 1 1      | 1 1        | 1 1    |          | <sub>1</sub> |
| is changed                  | (ב              | Annandale         |                        |   |                | VA          | 22         | 003        |        |          |              |
|                             |                 | CITY              | <u> </u>               |   |                | STATE       | <u> </u>   |            | ZIP C  | ODE A    |              |
| COMMITTEE'S E-MA            | AIL ADDRI       | ESS               |                        |   |                |             |            |            |        |          |              |
| (Check if a is changed      |                 | pkrason@          | efec-complian          | ce.com  |                |             |            |            | 1 1    |          |              |
|                             |                 | Optional Se       | cond E-Mail Add        | dress   |                |             |            |            |        |          |              |
|                             |                 |                   |                        |   |                |             |            |            |        |          |              |
|                             |                 |                   |                        |   |                |             |            |            |        |          |              |
| 2. DATE 0                   |                 | 20 / Y Y          | 17 Y                   |   |                |             |            |            |        |          |              |
| 3. FEC IDENTIFIC            | CATION N        | IUMBER ▶          | C co                   | 00630921  |                |             |            |            |        |          |              |
| 4. IS THIS STATEM           | MENT            | NEW (N)           | OR                     | AMEND   | DED (A)        |             |            |            |        |          |              |
| certify that I have e       | examined        | this Statement    | and to the best        | of my knowledge ar                                  | nd belief it i | is true, co | orrect and | d compl    | ete.   |          |              |
| Type or Print Name          | of Treasur      | er Krason, Pat    | rick, , ,              |   |                |             |            |            |        |          |              |
| Signature of Treasure       | er <i>Kra</i> s | son, Patrick, , , |                        | [Electronicall                                      | y Filed]       | Date        | M M M 01   | 12         | ] / [  | 2017     | YYY          |
| NOTE: Submission of         | false, error    |                   |                        | may subject the perso                               |                |             |            | penaltie   | s of 2 | U.S.C. § | 437g.        |
| Office<br>Use               |                 |                   |                        | For further in<br>Federal Electic<br>Toll Free 800- | on Commissio   |             |            |            | FOR    |          |              |

Toll Free 800-424-9530

Local 202-694-1100

| FFO                   | Form 1 (Revised 02/2009)  | Page <b>2</b>                            |
|-----------------------|---|--|
| TYPE O                | F COMMITTEE   | . ugo <b>=</b>                           |
| Candid                | ate 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. (Con information below.)  | nplete the candidate                     |
| Name of<br>Candidat   | e   |  |
| Candidat<br>Party Aff |   | State                                    |
| (c)                   | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |
| Name of Candidat      | e [   |  |
| Party C               | committee:  | (Danasa ::                               |
| (d)                   | This committee is a (National, State or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Party. |
| Politica              | I Action 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 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 secommittee. (i.e., nonconnected committee)  | egregated fund or party                  |
|                       | In addition, this committee is a Lobbyist/Registrant PAC.   |  |
|                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |  |
| Joint F               | ındraising Representative:  |  |
| (g)                   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political                     |
| (h)                   | 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.         | vo or more political                     |
| C                     | ommittees Participating in Joint Fundraiser   |  |
| 1                     | L L L L L L L L L L L L L L L L L L L   |  |
| 2                     | FEC ID number   |  |
| 3                     | FEC ID number   |  |
| 4                     |   |  |

| Stronger Virginia Political Action Committee  5. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponson NONE  Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponson None Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponson None Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponson None Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponson None Relationship: City State ZiP Code Committee Relationship: City State ZiP Code Treasurer List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name Krason, Patrick,   | FEC Form 1                           | <b>1</b> (Revised 02/2009)  | Page <b>3</b>       |
|--|--------------------------------------|---|---------------------|
| None of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso NONE  Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso Affiliated Committee Affiliated Committee State Sponso Affiliated Committee Affiliated Committee State Sponso Affiliated Committee State Sponso Affiliated Committee State Sponso Affiliated Committee Affiliated Committee State Sponso A | Write or Type Comr                   | mittee Name   |                     |
| NONE  Mailing Address  CITY  STATE  ZIP CODE  Relationship:  Connected Organization Affiliated Committee  Joint Fundraising Representative, or Leadership PAC Sponso  NONE  CITY  STATE  ZIP CODE  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponso  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records.  Krason, Patrick,  Full Name  Tala Farr St  Annandale  VA 22003  Annandale  VA 22003  Title or Position  CITY  STATE  ZIP CODE  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Krason, Patrick,  Full Name  Krason, Patrick,  Full Name  Krason, Patrick,  In Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  | Stronger '                           | Virginia Political Action Committee   |                     |
| Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Spotential State of Committee Affiliated Committee Affiliated Committee Leadership PAC Spotential  |                                      |   | ip PAC Sponsor      |
| CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Krason, Patrick, , ,  Full Name Annandale VA 22003  Annandale VA 22003  Title or Position CITY STATE ZIP CODE  Treasurer Telephone number 202 - 567 - 117  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name Krason, Patrick, , ,  of Treasurer  | NONE                                 |   |                     |
| CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Krason, Patrick, , ,  Full Name Annandale VA 22003  Annandale VA 22003  Title or Position CITY STATE ZIP CODE  Treasurer Telephone number 202 - 567 - 117  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name Krason, Patrick, , ,  of Treasurer  | <u> </u>                             | <u> </u>  |                     |
| CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Krason, Patrick, , ,  Full Name Annandale VA 22003  Annandale VA 22003  Title or Position CITY STATE ZIP CODE  Treasurer Telephone number 202 - 567 - 117  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name Krason, Patrick, , ,  of Treasurer  |                                      |   |                     |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc.  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Krason, Patrick, , ,  Full Name 7213 Farr St  Mailing Address 7213 Farr St  Title or Position CITY STATE ZIP CODE  Treasurer Telephone number 202 - 567 - 117  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  | Mailing Address                      |   |                     |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc.  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Krason, Patrick, , ,  Full Name Mailing Address  Title or Position CITY STATE ZIP CODE  Treasurer Telephone number 202 - 567 - 117  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).   |                                      |   |                     |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spc.  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.  Krason, Patrick, , ,  Full Name Mailing Address  Title or Position CITY STATE ZIP CODE  Treasurer Telephone number 202 - 567 - 117  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).   |                                      | CITY STATE 7  | IP CODE             |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records.  Krason, Patrick, , ,  Full Name  Annandale  VA 22003  Title or Position  CITY  STATE  ZIP CODE  Treasurer  Telephone number  202 - 567 - 117  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Krason, Patrick, , ,  of Treasurer  Krason, Patrick, , ,  |                                      |   |                     |
| books and records.  Krason, Patrick, , ,  Full Name    7213 Farr St  | Relationship:                        | Connected Organization Affiliated Committee Joint Fundraising Representative Lead   | dership PAC Sponsor |
| books and records.  Krason, Patrick, , ,  Full Name    7213 Farr St  |                                      |   |                     |
| Title or Position  CITY  STATE  ZIP CODE  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Krason, Patrick, , ,  of Treasurer  Lizzia Farr St  |                                      |   | ession of committee |
| Mailing Address    Annandale   |                                      | Krason, Patrick, , ,  |                     |
| Annandale  Title or Position  CITY  STATE  ZIP CODE  Treasurer  Telephone number  202 - 567 - 117  Telephone number  Telephone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Krason, Patrick, , ,  of Treasurer   | Full Name                            | ,7213 Farr St   |                     |
| Title or Position  CITY  STATE  ZIP CODE  Treasurer  Telephone number  Telephone number  Telephone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Krason, Patrick, , ,  of Treasurer   | Mailing Address                      |   |                     |
| Title or Position  CITY  STATE  ZIP CODE  Treasurer  Telephone number  Telephone number  Telephone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Krason, Patrick, , ,  of Treasurer   |                                      | . Annandale , , VA , ,22003   |                     |
| Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Krason, Patrick, , ,  of Treasurer  |                                      | Alliandae   |                     |
| Telephone number  Telephone nu | Title or Position                    | CITY STATE Z  | IP CODE             |
| any designated agent (e.g., assistant treasurer).  Full Name Krason, Patrick, , ,  of Treasurer  | Treasurer                            | Telephone number 202 - 5  | 667   -   1171      |
| of Treasurer   | Treasurer: List the any designated a | ne name and address (phone number optional) of the treasurer of the committee; and the name gent (e.g., assistant treasurer). | ne and address of   |
| Mailing Address  [7213 Farr St   |                                      | Krason, Patrick, , ,  |                     |
|  | Mailing Address                      | 7213 Farr St  |                     |
|  |                                      |   |                     |
| Annandale VA 22003   |                                      | Annandale VA 22003  |                     |
| CITY STATE ZIP CODE Title or Position  | Title or Position                    | CITY STATE Z  | IP CODE             |
| <del>-</del>   |                                      |   | 67 - 1171           |

|   | m 1 (Revised 02/2009)  | Page <b>4</b> |
|---|--|---------------|
|   |  |               |
| Full Name of<br>Designated                    |  |               |
| Agent   |  |               |
| Mailing Address                               |  |               |
|   |  |               |
|   | CITY STATE   | ZIP CODE      |
| Title or Position                             |  |               |
|   | Telephone number   |               |
|   |  |               |
|   | poxes or maintains funds.  Depository, etc.  |               |
| Name of Bank,                                 | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  |               |
|   | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  |               |
| Name of Bank,                                 | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  | ]1<br>        |
| Name of Bank,                                 | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  #105  | D1            |
| Name of Bank,                                 | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  #105  Reston  CITY  STATE                   |               |
| Name of Bank,  Mailing Address                | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  #105  Reston  CITY  STATE                   |               |
| Name of Bank,  Mailing Address                | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  #105  Reston  CITY  STATE                   |               |
| Name of Bank,  Mailing Address                | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  #105  Reston  CITY  STATE  Depository, etc. |               |
| Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  #105  Reston  CITY  STATE  Depository, etc. |               |
| Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.  Access National Bank  1800 Robert Fulton Dr  #105  Reston  CITY  STATE  Depository, etc. |               |

## : 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 = N5 H = C B

Form/Schedule: F1N Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raisedin unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: