Only

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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. THE SENATE FUND PO BOX 26141 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00634303 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. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 09 26 2017 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

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>			
TYPE	OF C	OMMITTEE	1 4go <b>2</b>			
Cano	didate	Committee:				
(a)	Ш	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.)				
Name Candi						
Candid Party	date Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candid						
Party	y Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.			
Politi	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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.				
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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.)				
Joint	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.					

FEC Form 1 (Revised		Page <b>3</b>
Write or Type Committee Nam		
THE SENATE		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in p	ossession of committee
	Brenda, , ,	
Full Name	PO Box 26141	
Mailing Address		
	Alexandria VA 22313	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Marston, 0 of Treasurer	Chris, , ,	
Mailing Address	PO Box 26141	
	Alexandria VA 22313	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

Full Name of Designated Agent  Mailing Address			
Designated Agent			
Agent			
Mailing Address			
aming riddicos			
	CITY	STATE	ZIP CODE
Fitle or Position			
		Telephone number	
Name of Bank, Depository    Eagle	P Bank 7815 Woodmont Ave		
	Bethesda	MD 20814	
	CITY	STATE	ZIP CODE
Name of Bank, Depository		STATE	ZIP CODE
Name of Bank, Depository		STATE	ZIP CODE
Name of Bank, Depository  L  Mailing Address	y, etc.		ZIP CODE
	y, etc.		ZIP CODE
	y, etc.		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: F1A 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: