FEC FORM 1	STATEMEN ORGANIZA	_	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street)	200 LAKE FRONT DRIVE SUIT	L	
(Check if address is changed)			VA 23117 STATE▲ ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	RESS		
(Check if address is changed)			
	Optional Second E-Mail Addre	ISS	
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
2. DATE 03	27 ^Y Y Y Y 2017		
3. FEC IDENTIFICATION	NUMBER ► C COO	523421	
4. 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	s true, correct and complete.
Type or Print Name of Treasu	rer Land, Michael, David, ,		
Signature of Treasurer	nd, Michael, David, ,	[Electronically Filed]	Date 03 / 27 / 2017
NOTE: Submission of false, erro	neous, or incomplete information ma ANY CHANGE IN INFORMATION		is Statement to the penalties of 2 U.S.C. §437g. FHIN 10 DAYS.
Office Use Only		For further information cor Federal Election Commissior Toll Free 800-424-9530 Local 202-694-1100	

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	COMMITTEE
Candida	te 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.)
Name of Candidate	
Candidate Party Affilia	ation Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Pa
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	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 pa 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 Fun	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Cor	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

RENEW AMERICA'S GREATNESS PAC

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

N											
	Mailing Address										
		CITY	S	STATE	ZIP CODE						
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor										
7.	Custodian of Records: Id books and records.	entify by name, address (phone number o	optional) and position	of the person in	possession of committee						
		chael, David, ,									
	Full Name										
	Mailing Address	200 Lake Front Dr									
	-	#200 									
		Mineral		VA 2311	17 -						

Title or Position	CITY S	TATE ZIP CODE
Treasurer		er [] - [] - [

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 of Treasurer	Land, Michael, David, ,
Mailing Address	200 Lake Front Dr
	#200
	Mineral
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1							1	I																			
Mailing Address																															
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									CI	ΓY									ST	ATE	2				ZI	P	200	DE			
Title or Position																															
														Tele	eph	ione	e n	um	ber		L										

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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Sun Tr	ust		
Mailing Address	8970 Courthouse Rd		
	Spotsylvania	VA 22553	
	CITY	STATE ZIP CODE	
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	