Only

STATEMENT OF

PAGE 1 / 14 =

FEC FORM 1		0	RGAN	IZATI	ON				Office	Use Onl			
1. NAME OF			Check if nam		ample:If typing, ty	уре	12FE	:4M5	Office	OSE OIII	<u>y</u>		
COMMITTEE (ir			s changed)	ove	er the lines.					_			
Elise for Co	ongres	S									1 1		
													Ш
ADDRESS (number a	nd street)	PO Box 5	500										
(Check if a is changed		Glens Fa	alls				NY	J L	12801	ZIF		L L E ▲	
COMMITTEE'S E-MA	AIL ADDRES	SS											
(Check if a is changed		complia	ance@comp	pliancecon	sultingva.com								Ш
		Optional	Second E-Ma	ail Address									. 1
COMMITTEE'S WEB (Check if a is changed	address		RL) eforcongress.c	om								<u> </u>	
2. DATE 0	6 30	D / Y	2020										
3. FEC IDENTIFIC	CATION NU	JMBER >		C005478	93								
4. IS THIS STATEM	MENT	NEW	(N) O	R ×	AMENDED	(A)							
certify that I have e	examined th	is Stateme	nt and to the	best of my	knowledge and b	pelief it is	s true, c	orrect a	ınd coı	mplete.			
Type or Print Name	of Treasurer	Hobbs, (Cabell, , ,										
Signature of Treasure	er <i>Hobbs</i>	s, Cabell, , ,			[Electronically Fil	led]	Date	10	/ 0	08	/ Y	2020	Y
NOTE: Submission of					bject the person s OULD BE REPOR				he pen	alties o	f 2 U.S	.C. §43	37g.
Office Use					For further inform Federal Election C Toll Free 800-424-9	Commission					ORM 06/2012		_

Local 202-694-1100

_	-	. (7)	
		rm 1 (Revised 02/2009)	Page 2
		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. (Con information below.)	nplete the candidate
Name Cand		Stefanik, Elise, M., ,	
Cand Party	idate Affiliatio	on REP Office Sought: House Senate President	State NY District 21
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction 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 s committee. (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	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		. ago o
Elise for Cong	ıress	
_	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Americans United fo	or Freedom	
Mailing Address	228 S. Washington Street	
	Alexandria VA 2231	
	Alexandria VA 2231	
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
. Custodian of Records: Inbooks and records.	dentify by name, address (phone number optional) and position of the person in	possession of committee
	Cabell, , ,	
Full Name	PO Box 365	
Mailing Address		
	McLean , VA , 2210	01
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	e name and address of
Full Name Hobbs, of Treasurer	Cabell, , ,	
Mailing Address	PO Box 365	
	McLean VA 2210	
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated L Agent	Hobbs, Cabell, , ,	
Mailing Address	PO Box 365	
	McLean VA 22101 CITY STATE Z	ZIP CODE
Title or Position Treasurer	Telephone number	
9. Banks or Other D safety deposit boxe Name of Bank, De	repositories: List all banks or other depositories in which the committee deposits funds, holds es or maintains funds. pository, etc.	accounts, rents
L	BB&T	
Mailing Address	1909 K Street NW	
	Washington DC 20006	
	CITY STATE 2	ZIP CODE
Name of Bank, De	pository, etc.	
	Chain Bridge Bank 1445-A Laughlin Ave	
Mailing Address	McLean VA 22101	
	CITY STATE 2	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
ELISE VICTORY	FUND		
Mailing Address	PO BOX 500		
	GLENS FALLS	NY	12801
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, Wells	CITY ▲ Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, Wells	CITY ▲ CITY ▲ Te pories: List all banks or other depositories in which haintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which haintains funds. Fargo	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which haintains funds. Fargo	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc. Mailing Address	ories: List all bar	nks or other depositories in	Telephone N		s funds, ho	olds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ories: List all bar	nks or other depositories in			s funds, ho	olds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ories: List all bar	nks or other depositories in			s funds, ho	olds accounts, rents
Banks or Other Deposito safety deposit boxes or m	ories: List all bar	nks or other depositories in			s funds, ho	olds accounts, rents
Banks or Other Deposito	ories: List all bar	nks or other depositories in			s funds, ho	olds accounts, rents
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TITLE OR POSITION	▼	1			1 1	1 1
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		CITY A		STATE A		ZIP CODE ▲
Mailing Address						
Full Name						
		ress (phone number – optic		y 1.65/16361110	2000	Zeadoromp i Ac Opt
	d Organization		X Joint Fundraisin		ative	Leadership PAC Spo
Relationship:	Austin	CITY A		STATE A	10134	ZIP CODE A
	Austin			. TV	78734	4
Mailing Address	PO Box 3410)27				
Great New York F		Affiliated Committee, Join	Fundraising He	oresentative	e, or Leade	ersnip PAC Sponso
4						
				O number O number	C	
3.				O number	C	
2					C	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	g Participant:				
1				FEC ID number	C
2				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	C
ame of Any Connected Great New York F		filiated Committee,	Joint Fundrai	sing Representativ	ve, or Leadership PAC Spor
Great New York P	uliu				
Mailing Address	PO BOX 34102	27			
Mailing Address					
	ALICTIN			TV	78734
B.1.11.	AUSTIN			TX	
Relationship:		CITY A		STATE A	ZIP CODE A
Connected	d Organization	Affiliated Committee	X Joint F	undraising Renresen	tative Leadership PAC S
	d Organization	Affiliated Committee		undraising Represen	tative Leadership PAC S
				undraising Represen	tative Leadership PAC S
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esignated Agent: Identify				undraising Represen	tative Leadership PAC S
esignated Agent: Identify	by name, addres		optional)		tative Leadership PAC S
esignated Agent: Identify	by name, addres	ss (phone number –	optional)		
esignated Agent: Identify Full Name	by name, addres	ss (phone number –	optional)		
Full Name Mailing Address TITLE OR POSITION	v by name, address	ss (phone number –	optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	v by name, address	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	v by name, address	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	v by name, address	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	v by name, address	ss (phone number –	optional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:				
1.				FEC ID number	C
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
ame of Any Connected GT Farm Team	Organization, Affilia	ated Committee, Jo	oint Fundrais	ing Representativ	ve, or Leadership PAC Spor
Mailing Address	PO BOX 30844				
	BETHESDA			MD	20824
Relationship:		CITY 🛦		STATE A	ZIP CODE ▲
		Affiliated Committee		indraising Represent	tative Leadership PAC S
esignated Agent: Identify Full Name				indraising Represent	tative Leadership PAC S
esignated Agent: Identify				Indraising Represent	tative Leadership PAC S
esignated Agent: Identify Full Name				Indraising Represent	tative Leadership PAC S
esignated Agent: Identify Full Name	by name, address		ptional)		tative Leadership PAC S
esignated Agent: Identify Full Name	by name, address	(phone number – o	ptional)		
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number – o	ptional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address	(phone number – o	ptional)	STATE A	
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address	(phone number – o	ptional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or material depositions are of Bank, epository, etc.	by name, address	(phone number – o	ptional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
New York Majori	:y Victory		
	<u> </u>		
	₁ Po Box 98		
Mailing Address			
	South Salem	NY NY	10590
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

n). Joint Fundraisi r	ng Participant:			
1.		F	EC ID number	С
2.		F	EC ID number	C
3.		F	EC ID number	C
4.		 	EC ID number	C
7.				
	Organization, Affiliated Committee	ee, Joint Fundraisin	g Representativ	e, or Leadership PAC Spor
RISE Project				
	PO BOX 2485			
Mailing Address				
	SPRINGFIELD		VA VA	22152
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	d Organization Affiliated Comm		draising Represent	ative Leadership PAC S
			draising Represent	ative Leadership PAC S
esignated Agent: Identif			draising Represent	ative Leadership PAC S
esignated Agent: Identif			draising Represent	ative Leadership PAC S
esignated Agent: Identif		er — optional)		ative Leadership PAC S
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esignated Agent: Identif	y by name, address (phone numbe	er — optional)		
Full Name	y by name, address (phone number control of the con	er – optional)	STATE A	ZIP CODE A
Full Name	y by name, address (phone number control of the con	er – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or ma	y by name, address (phone number control of the con	er – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number control of the con	er – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number control of the con	er – optional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Strengthen Ameri	ca Committee		
	138 Conant Street 2nd Floor		
Mailing Address			
			04045
	Beverly	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify	d Organization Affiliated Committee Joi	int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identify	by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Support Republic	an Women JFC		
	Po Box 26141		
Mailing Address	1000020141		
	Alexandria	VA VA	22313
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Join Join Strain Join Strain Strain Join Strain St	nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
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esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or mailing and the second sec	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address				С	r	ber	ımb	nur	D r	ID	С	ΕC	ĒΕ	FE	F					J	J										L		J	J	J									F	FE	Έ	ΕŒ	C	С)	Ш	D)	n	ıu	m	nb	ре	r		C		Ĺ																	_			_
At tame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA Take Back the House 2020 Mailing Address PO Box 30844 Relationship: CITY ▲ STATE ▲ ZIP CC Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE Telephone Number Title or Depositories: List all banks or other depositories in which the committee deposits funds, holds accounterly deposit boxes or maintains funds. ame of Bank, epository, etc.				С	r	ber	ımb	nur	D r	ID	С	ΕC	ĒΕ	FE	F																			J										F	FE	Έ	Ε(C	С	;	П	D)	n	ıu	m	nb	ре	r		C	2																		Ī			_
lame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA Take Back the House 2020 Mailing Address PO Box 30844 Relationship: City ▲ State ▲ Zip Co Connected Organization				С	r	ber	ımb	nur	Dr	ID	С	ΕC	ĒΕ	FE	F																													F	FE	Έ	ΕŒ	EC	С	;	11	D)	n	ıu	m	nb	ре	r		C	2				Ī																	7
Take Back the House 2020 Mailing Address PO Box 30844 Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization				С	r	ber	ımb	nur	D r	ID	С	ΕC	FΕ	FE	F					J	J										L			J	J									F	FE	E	Ε¢	C	С)	П	D)	n	ıu	ım	nb	ре	r		C																			_	_		_
Take Back the House 2020 Mailing Address PO Box 30844 Bethesda Bethesda CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership Leadership Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COE Telephone Number Telephone Number Telephone Number Telephone Number											_			_	_	_	_		_	_		_	_	_	_	_	_	_	_	_	_	_				_	_	_			_	_	_	_				_	_	_							_	_	_				_	_				_			_	_	_		_	_	_	_	_	_	_	_	_
Bethesda Bethesda Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Leadership Pesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number	C Spons	dership PAC	Lead	, OI	ive,	tati	ent	ese	pre	Зер	l R	g	ng	ing	sir	iis	ai	Ira	dr	nd	ın	uı	Fu	t F	nt	nt	nt	nt	ıt	i F	F	·u	un	ın	nc	nd	ndi	dra	ra	a	ai	is	Si	in	ng	ng	g	j	F	R	le	p	or	e	S	eı	nt	tat	İV	e	, c	or	L	Le	е	ea	ac	de	e	rs	S	h	III	p		P	Ά	4(С	; \$	S	Sp	ю
Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accordately deposit boxes or maintains funds.						_						_			_			_			_									_			_	_					_	_		_					_	_			_			_		_	_	_		_			_			_	_		_	_		_	_		_		_	_	_		_		
Bethesda Bethesda Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Leadership Pesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number																							_									_						L	_	_					_		_	_		L				_	L	_	_		L	_			_			_	_		_	_		_	_	L	_		L	_	_	⊥	_		L
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address	228 S WASHINGTON ST		
	STE. 115		
	ALEXANDRIA	, , VA ,	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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