FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SEALs For Truth 1602 Belle View Blvd #3438 ADDRESS (number and street) (Check if address is changed) Alexandria 22307 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@sealsfortruth.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) sealsfortruth.com (Check if address is changed) DATE 2021 C00619973 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. McIntyre, Dustin, , , Type or Print Name of Treasurer McIntyre, Dustin, , , [Electronically Filed] 06 10 2021 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

| FF0 = | 4 (Davided 00/0000) | D 0 |
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| | orm 1 (Revised 02/2009) COMMITTEE | Page 2 |
| | e 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. (Compinformation below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | | _ |
| (d) | | Democratic, Republican, etc.) Party |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected organization is |
| | 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 secommittee. (i.e., nonconnected committee) | gregated 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 Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 | nmittees 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 Name | / | , ago 3 |
| SEALs For Trutl | า | |
| | ganization, Affiliated Committee, Joint Fundraising Representative, or Lead | lership PAC Sponsor |
| NONE | | • |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Ident books and records. | ify by name, address (phone number optional) and position of the person in | possession of committee |
| McIntyre, D | ustin, , , | |
| Full Name | 1602 Belle View Blvd #3438 | |
| Mailing Address | | |
| | Alexandria , VA , 2230 | 7 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 804 | 591 - 0050 |
| 8. Treasurer: List the name and any designated agent (e.g., as | address (phone number optional) of the treasurer of the committee; and the ssistant treasurer). | name and address of |
| Full Name McIntyre, D | ustin, , , | |
| | 1602 Belle View Blvd #3438 | |
| Mailing Address | | |
| | Alexandria | 7 |
| | Alexandria VA 2230 CITY STATE | ZIP CODE |
| Title or Position Treasurer | Telephone number 804 - | 591 0050 |

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