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. Virginia Foxx for Congress PO Box 2676 ADDRESS (number and street) (Check if address is changed) Boone 28607 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address rogerseb@ballardspahr.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.virginiafoxx.com (Check if address is changed) DATE 2024 C00386748 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Morgan, William, , Morgan, William, , , Date 09 19 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Completinformation below.)	te the candidate
Name of Candidate Foxx, Virginia, Ann, ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NC District 05
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Bioline Co
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republ	cratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	id PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	· ·
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
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised	1 02/2009)	Page 3
W	rite or Type Committee Nam	ne	
	Virginia Foxx fo	or Congress	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	Foxx Victory Federa	al Committee	
		1909 K Street, NW	
	Mailing Address	12th Floor	
		Washington DC	20006
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	ed Organization Affiliated Organization X Joint Fundraising Representa	tive Leadership PAC Sponso
	_		_
 7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the persor	in possession of committee
	books and records.	many by mainer, address (priorite name). Optionally and position of the position	The possession of communication
	Bradsha	w, Hunter, , ,	
	Full Name		
	Mailing Address	PO Box 2676	
		1	
		Boone	1 28607
	Till and Desiring	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		222 262 2002
	Finance Director	Telephone number	328
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; , assistant treasurer).	and the name and address of
	Full Name Morgan,	William, , ,	
	of Treasurer		
	Mailing Address	PO Box 2676	
		Boone	28607
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SITT = STATE =	Zii OODL =
	Treasurer		328 - 263 - 0093

FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depsafety deposit boxes	cositories: List all banks or other depositories in whit or maintains funds.	ch the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depo	ository, etc.		
В	ank of America		
Mailing Address	1801 K Street, NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, etc.		
В	B&T		
Mailing Address	2200 Wilson Blvd		
	Suite 100		
	Arlington	VA VA	22201
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Ž G7 < 98 I @ 'CF' ± H9 A = N5 H ± CB

Form/Schedule: F1A Transaction ID:

Updated Joint Fundraising Committees.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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5(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	C
2.		<u> </u>		FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	C
	e of Any Connected Cotory and Freedom F	_	ommittee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	1909 K Street, NW 12th Floor			
		Washington		DC	20006
	Relationship:	C	ITY ▲	STATE ▲	ZIP CODE ▲
	nated Agent: Identify	Organization Affiliated by name, address (phone		undraising Representa	ative X Leadership PAC Sponsor
Fi	ull Name				
М	lailing Address				
1	TITLE OR POSITION	CIT	Y A	STATE ▲	ZIP CODE A
1 L	FITLE OR POSITION	CIT	1	STATE ▲	ZIP CODE A
9. Banks safety		es: List all banks or other	Tele	ephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
9. Banks safety	s or Other Depositorion deposit boxes or main e of Bank, sitory, etc.	es: List all banks or other ntains funds.	Tele	ephone Number	
9. Banks safety	s or Other Depositorion deposit boxes or main e of Bank, sitory, etc.	es: List all banks or other ntains funds.	Tele	ephone Number	

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
Women's Leadership	o Council		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	, , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Joint fly by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Joint for by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint fly by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint fly by name, address (phone number – optional) CITY	STATE A	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint for by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or management of the control o	Affiliated Committee X Joint for by by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which raintains funds.	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or management of the control o	Affiliated Committee X Joint for by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the same of Bank, Chain	Affiliated Committee X Joint for by by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which raintains funds.	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee	STATE A	ZIP CODE A