

5. TYPE OF COMMITTEE:

Candidate 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 Affiliation 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 Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)

- (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 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 two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) 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.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

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2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

ACT1 FEDERAL LLC POLITICAL ACTION COMMITTEE

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

ACT1 FEDERAL LLC

Mailing Address

200 12TH STREET SOUTH

SUITE 700

ARLINGTON VA 22202

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

REGINA O'SULLIVAN

Mailing Address

200 12TH STREET SOUTH

SUITE 700

ARLINGTON VA 22202

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CONTROLLER

Telephone number 571 - 842 - 2661

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

MEHDIS CHERQAOUJ

Mailing Address

200 12TH STREET SOUTH

SUITE 700

ARLINGTON VA 22202

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 703 - 786 - 5495

11-104400 WB 708 UNION

MC

Full Name of Designated Agent

MARK T. HUGHES

Mailing Address

200 12TH STREET SOUTH

SUITE 700

ARLINGTON

VA

22202

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number

616

886

5760

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.

OLD DOMINION NATIONAL BANK

Mailing Address

8601 WESTWOOD CENTER DRIVE

VIENNA

VA

22182

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

411-94400-ND-88-UNEN

MC

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

5(i) or (j). Joint Fundraising Participant:

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____

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

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name _____
 Mailing Address _____

 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone Number _____-_____-_____

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. _____
 Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

11-04400-100-701-801-10000

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ACTI Federal
200 12th St. S STE 700
Arlington, VA 22202

NOVA 220

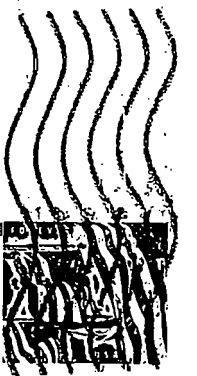
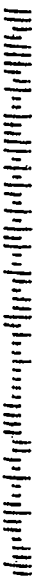
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FEDERAL ELECTION COMMISSION

1050 FIRST STREET, N.E.
WASHINGTON, DC 20463

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Federal Election Commission
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