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. SECURE PROGRESS PO BOX 7267 ADDRESS (number and street) (Check if address is changed) **FAIRFAX STATION** 22039 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS INFO@SECUREPROGRESS.ORG (Check if address is changed) Optional Second E-Mail Address info@rogerthatcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 12 08 2022 C00764274 FEC IDENTIFICATION NUMBER 3. 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. Scalise, Andrew, , , Type or Print Name of Treasurer Scalise, Andrew, , , [Electronically Filed] Date 12 80 2022 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

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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate			
Name of Candidate				
Candidate Party Affiliation Office Sought: House Senate	State President 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 acc	ounts (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 procommittees/organizations, at least one of which is an authorized committee of a federal				
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. , , , , , , , , , , , , , , , , , ,				

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W	rite or Type Committee Name	CRESS			
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Re	presentative, or Leadership	PAC Sponsor	
	NONE				
	Mailing Address				
		CITY A	STATE ▲ ZIF	CODE A	
	Relationship: Connected	Organization Affiliated Organization Joint Fundraisi	ing Representative Lead	dership PAC Sponsor	
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optional) and position	of the person in possession of	of committee	
	Scalise, Ar	drew, , ,			
	Full Name				
	Mailing Address	PO Box 7267			
		Fairfax Station	VA 22039		
		CITY ▲	STATE ▲ ZIF	CODE A	
	Title or Position ▼				
	Treasurer	Telephone no	umber 703 - 270		
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	ne committee; and the name	and address of	
	Full Name Scalise, Ar	drew, , ,		1	
	of Treasurer	DO Doy 7267			
	Mailing Address	PO Box 7267			
		Fairfax Station	VA 22039		
	Tale on Decition	CITY ▲	STATE ▲ ZIF	CODE A	
Title or Position ▼					
	Treasurer	Telephone no	umber $\begin{bmatrix} 703 \\ \end{bmatrix} - \begin{bmatrix} 270 \\ \end{bmatrix}$	0 8248	

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	Full Name of	(101000 0212000)		. age .		
	Designated Agent					
	Mailing Address					
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone n	umber			
	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committees or maintains funds.	ittee deposits t	funds, holds accounts, rents		
	Name of Bank, D	epository, etc.				
		United Bank				
	Mailing Address	University Mail Office				
		10695-B Braddock Rd	1 1 1 1 1			
		Fairfax	VA	22032		
		CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.						
	Mailing Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		