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. Grand Strand Pee Dee PAC PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS treasurer@electioncfo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 18 2021 C00769893 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. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 05 2022 Signature of Treasurer Date 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:	ate Committee:						
(a) This committee is a principal campaign committee. (Cor	nplete the candidate information below.)						
(b) This committee is an authorized committee, and is NOT information below.)	a principal campaign committee. (Complete the candidate						
Name of Candidate							
Candidate Office Party Affiliation Sought: House	State President  District						
(c) This committee supports/opposes only one candidate, a	nd is NOT an authorized committee.						
Name of Candidate							
Party Committee:							
(d) This committee is a (National, State or subordinate) co	(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 Corpora	tion w/o Capital Stock Labor Organization						
Membership Organization Trade A	ssociation Cooperative						
In addition, this committee is a Lobbyist/Regis	trant PAC.						
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	al candidate, and is NOT a separate segregated fund or party						
In addition, this committee is a Lobbyist/Regis	trant PAC.						
In addition, this committee is a Leadership PA	.C. (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/Regis	trant PAC.						
Joint Fundraising Representative:							
(1)	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.						
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.	C						

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W	/rite or Type Comn							
			Pee Dee I					
6.	Name of Any Co	onnected O	rganization, Affili	ated Committee, Join	t Fundraising Repr	esentative, or	r Leadershi <sub>l</sub>	o PAC Sponsor
	INOINE							
	Mailing Address							
				CITY A		STATE ▲	ZI	P CODE ▲
	Relationship:	Connected	Organization	Affiliated Organization	Joint Fundraising	g Representativ	re Lea	adership PAC Sponsor
7.	Custodian of Red books and record		iify by name, addre	ess (phone number op	otional) and position o	of the person ir	n possession	of committee
		Hankins, B	renda, , ,					
	Full Name							
	Mailing Address		PO Box 26141					
			Alexandria			VA	22313	
				CITY A		STATE ▲	ZI	P CODE ▲
	Title or Position	▼						
	Assistant Treasur	rer			Telephone num	nber		
3.			d address (phone assistant treasurer	number optional) of	f the treasurer of the	committee; a	nd the name	e and address of
	Full Name	Marston, C	hris					
	of Treasurer							
	Mailing Address		PO Box 26141					
			Alexandria			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22313	
				CITY ▲		STATE ▲	ZI	P CODE ▲
	Title or Position	▼						
	Treasurer				Telephone num	nber		

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	Full Name of Designated		
	Agent		
	Mailing Address		
	Title or Position	CITY ▲ STAT	E ▲ ZIP CODE ▲
		Telephone number	
•		Depositories: List all banks or other depositories in which the committee deposes or maintains funds.	posits funds, holds accounts, rents
	Name of Bank, D	epository, etc.	
		Forbright	
	Mailing Address	4445 Willard Ave	
		Ste 1000	
		Chevy Chase	D   20815
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Name of Bank, D	epository, etc.	
	Mailing Address		
		CITY ▲ STAT	E ▲ ZIP CODE ▲