

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FREEDOMWORKS VICTORY 2023

ADDRESS (number and street)

PO BOX 26141

(Check if address is changed)

ALEXANDRIA

CITY ▲

VA

STATE ▲

22313

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

CHRIS@ELECTIONCFO.COM

Optional Second E-Mail Address

FWPAC@CC.ELECTIONCFO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
04 / 25 / 2023

3. FEC IDENTIFICATION NUMBER ▶

C C00838888

4. 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.

Type or Print Name of Treasurer MARSTON, CHRIS, , ,

Signature of Treasurer

MARSTON, CHRIS, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 01 / 2023

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 Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

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. **FREEDOMWORKS PAC** \_\_\_\_\_

2. **BYRON DONALDS FOR CONGRESS** \_\_\_\_\_

**C** C00573550 \_\_\_\_\_

**C** C00733329 \_\_\_\_\_

Write or Type Committee Name

# FREEDOMWORKS VICTORY 2023

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

NONE

Grid lines for organization name entry.

Mailing Address

Grid lines for mailing address entry.

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.

HANKINS, BRENDA, , ,

Full Name

Grid lines for full name entry.

Mailing Address

PO BOX 26141

Grid lines for mailing address entry.

ALEXANDRIA

VA

22313

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number

Grid lines for telephone number entry.

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).

MARSTON, CHRIS, , ,

Full Name of Treasurer

Grid lines for full name of treasurer entry.

Mailing Address

PO BOX 26141

Grid lines for mailing address entry.

ALEXANDRIA

VA

22313

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

Grid lines for telephone number entry.

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for 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.

FORBRIGHT BANK

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1: 4445 WILLARD AVE]

[Grid for Mailing Address Line 2: STE 1000]

[Grid for Mailing Address Line 3: CHEVY CHASE MD 20815]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

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

5(g) or (h).

Joint Fundraising Participant:

- 1. MARK GREEN FOR CONGRESS
- 2. HERN FOR CONGRESS
- 3. MICHAEL HOOVER FOR SENATE
- 4. NANCY MACE FOR CONGRESS

FEC ID number	C00658385
FEC ID number	C00636092
FEC ID number	C00832618
FEC ID number	C00710103

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

Name of organization field

Mailing Address field

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 field

Mailing Address field

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. field

Mailing Address field

CITY STATE ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. THOMAS MASSIE FOR CONGRESS
- 2. PATRIOTS FOR PERRY
- 3. CHIP ROY FOR CONGRESS
- 4. FRIENDS OF DAVID SCHWEIKERT

FEC ID number	C	C00509729
FEC ID number	C	C00510164
FEC ID number	C	C00662767
FEC ID number	C	C00540617

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

Two empty lines for organization name.

Mailing Address: Three empty lines for address.

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

CITY ▲ STATE ▲ ZIP CODE ▲

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

Full Name: One empty line.

Mailing Address: Three empty lines.

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number: One empty line with hyphens.

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.: One empty line.

Mailing Address: Three empty lines.

CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h). **Joint Fundraising Participant:**

- 1. VOTE GREG WHEELER
- 2. KELLY COOPER FOR CONGRESS
- 3.
- 4.

FEC ID number	C	C00830422
FEC ID number	C	C00792085
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 ▲