FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MAKE VIRGINIA GREAT AGAIN 5422 Wycklow Ct ADDRESS (number and street) (Check if address is changed) Alexandria 22304 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS makevagreatagain@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://makevagreatagain.com/ (Check if address is changed) DATE 2021 C00745174 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. Lee, Patrick, , , Type or Print Name of Treasurer Lee, Patrick, , , [Electronically Filed] 05 18 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

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		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name)		
MAKE VIRGINI	A GREAT AGAIN		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fun	draising Representative, o	or Leadership PAC Sponsor
NONE		<u> </u>	
Mailing Address			
			1
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joi	int Fundraising Representati	ive Leadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optio	nal) and position of the per	rson in possession of committee
Lee, Patric	:k, , ,		1
Full Name	5422 Wycklow Ct		
Mailing Address			
	Alexandria	VA	22304
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the trassistant treasurer).	easurer of the committee; a	and the name and address of
Full Name Lee, Patric	k, , ,		
Mailing Address	5422 Wycklow Ct		
	Alexandria	VA	22304
Title or Position Treasurer	CITY	STATE Felephone number 43	ZIP CODE
<u> </u>		Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I		
	oxes or maintains funds.	
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	
Name of Bank, I	Depository, etc. Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Depository, etc.	
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE	
Name of Bank, I	Depository, etc. Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Chain Bridge Bank 1445-A Laughlin Ave McLean CITY STATE Depository, etc.	