Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. COURAGEOUS CONSERVATIVES PAC 441 N Lee St ADDRESS (number and street) (Check if address Ste 100 is changed) Alexandria 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS liz@lizcurtisassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.courageousconservativespac.com (Check if address is changed) DATE 01 2022 C00587022 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. Denn, Stella, , , Type or Print Name of Treasurer Denn, Stella, , , [Electronically Filed] 09 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

FEC Form 1 (Revised 03/2022)	Page 2					
TYPE OF COMMITTEE:						
Candidate Committee:	date 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 contrib	oution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regis	trant PAC.					
Joint Fundraising Representative:						
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					

Treasurer

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١٨	FEC Form 1 (Revised 0  Write or Type Committee Name	2/2009)			Page 3	
•		S CONSERVATIVES F	PAC			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	NONE					
	Mailing Address					
		CITY ▲	ST	ΓΑΤΕ <b>Δ</b>	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising R	epresentative	Leadership PAC Sponso	
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number option	al) and position of th	ne person in possess	sion of committee	
	Denn, Stella	а, , ,				
	Full Name	E Shoffiold Ct				
	Mailing Address	5 Sheffield Ct				
		Medford		NJ 08055		
		CITY ▲	ST	TATE ▲	ZIP CODE ▲	
	Title or Position ▼					
	Treasurer		Telephone numbe	er <u>609</u> – <u></u>	433	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the co	ommittee; and the na	ame and address of	
	Full Name Denn, Stella	a, , ,				
	of Treasurer	5 Ch affinial Ch				
	Mailing Address	5 Sheffield Ct				
		Medford		NJ 08055		
		CITY ▲	Sī	ΓΑΤΕ ▲	ZIP CODE ▲	
	Title or Position ▼					

433

609

Telephone number

8620

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Full Name of Designated Agent								
Mailing Address								
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲					
		Telephone number						
	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, Depositor	Name of Bank, Depository, etc.							
Wells  Mailing Address	5 Fargo							
	Medford  CITY	NJ (	08055 ZIP CODE ▲					
Name of Bank, Depository, etc.								
Chail	n Bridge Bank							
Mailing Address	1445A Laughlin Ave							
	McLean	VA2	22101					
	CITY ▲	STATE ▲	ZIP CODE ▲					