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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. Make Liberty Win 441 North Lee Street ADDRESS (number and street) Ste. 100 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS notices@makelibertywin.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.makelibertywin.com (Check if address is changed) DATE 08 2020 C00731133 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. Backer, Dan, , , Type or Print Name of Treasurer Backer, Dan,,, [Electronically Filed] 07 08 2020 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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	orm 1 (Revised 02/2009) COMMITTEE	Page 2	
	e 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. (Compinformation below.)	plete the candidate	
Name of Candidate			
Candidate Party Affiliat	ion 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 Cor		_	
(d)		Democratic, Republican, etc.) Party	
Political A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is	
	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 segr 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.)		
Joint Fund	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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	nmittees 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 Nam		
Make Liberty W	Vin	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	ossession of committee
Mangini, I	Petra, , ,	
Full Name	441 North Lee Street	
Mailing Address	Ste. 300	
	Alexandria VA 22314	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	210 - 5431
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Backer, D of Treasurer	an, , ,	
Mailing Address	441 North Lee Street	
	Ste. 300	
	Alexandria VA 22314 CITY STATE	ZIP CODE
Title or Position Treasurer		210 5431

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Full Name of Designated Agent	Mangini, Petra, , ,				
Mailing Address	441 North Lee Street				
	Ste. 300				
	Alexandria VA 22314				
Title or Position	CITY STATE ZIP (CODE			
Assistant Treas	urer	_ 5431			
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, I	Depository, etc.				
	Capital Bank N.A.				
Mailing Address	10700 Parkridge Blvd.				
Ü	Ste. 180				
	Reston VA 20191				
	CITY STATE ZIP (CODE			
Name of Bank, Depository, etc.					
	Central Bank	1			
	238 Madison Street				
Mailing Address					
	Jefferson City MO 65101				
	CITY STATE ZIP (CODE			

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: