Only

## STATEMENT OF

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**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. National Court Reporters Association 12355 Sunrise Valley Drive ADDRESS (number and street) Suite 610 (Check if address is changed) Reston 20191 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address NCRAGR@ncra.org is changed) Optional Second E-Mail Address cbrehm@ncra.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00146506 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. Type or Print Name of Treasurer Wenhold, Dave,, 05 21 2024 Signature of Treasurer Wenhold, Dave, , , 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:					
(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 Office Party Affiliation Sought: House Senate	State President 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) X This committee is a separate segregated fund. (Identify connected organization on	n 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 committee. (i.e., nonconnected committee)	a separate segregated fund or party				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on line	e 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:					
(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				
	C				

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٧	Write or Type Committee Name						
		eporters Association					
6.		rganization, Affiliated Committee, Joint	Fundraising Representat	ive, or Leadership PAC Sponsor			
	NONE						
	Mailing Address						
		CITY ▲	STATE	▲ ZIP CODE ▲			
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	entative Leadership PAC Sponso			
				_			
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number opt	ional) and position of the pe	rson in possession of committee			
	Brehm, Col	in, , ,					
	Full Name						
	Mailing Address	12355 Sunrise Valley Drive					
		Suite 610					
		Reston	VA	20191			
		OITV A	OTATE	7ID CODE A			
	Title or Position ▼	CITY ▲	STATE	▲ ZIP CODE ▲			
	State GR Manager	1		I I_I I_I			
			Telephone number				
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the commi	ttee; and the name and address of			
	Full Name Wenhold, D	)ave, , ,					
		12355 Sunrise Valley Drive					
	Mailing Address						
		Suite 610					
		Reston	VA	20191			
		CITY ▲	STATE	▲ ZIP CODE ▲			
	Title or Position ▼						
	Treasurer		Telephone number	703 - 556 - 6272			

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[	Full Name of Designated Agent	Brehm, Colin, , ,				
ľ	Mailing Address	12355 Sunrise Valley Drive				
		Suite 610				
		Reston	20191			
		CITY ▲ STATE	E ▲ ZIP CODE ▲			
-	Γitle or Position <b>▼</b>					
	State GR Manage	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.					
١	lame of Bank, D	epository, etc.				
		Truist Bank				
N	Mailing Address	214 North Tryon Street				
		44th Floor				
		Charlotte	28202			
		CITY A STATE	ZIP CODE ▲			
- N	Name of Bank, Depository, etc.					
N	Mailing Address					
		CITY ▲ STATE	ZIP CODE ▲			

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC' 5 'F9 DCF HŽ G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1N Transaction ID:

Updated and authorized by Colin Brehm, State GR Manager

Form/Schedule: Transaction ID: