FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Anna Paulina Luna for Congress 1201 Gandy Blvd N ADDRESS (number and street) P.O. Box 23064 (Check if address is changed) Saint Petersburg 33742-8001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address dsatterfield@hdafec.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.voteannapaulina.com/ (Check if address is changed) DATE 2025 C00718239 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 Satterfield, David, , Satterfield, David, , , 10 13 2025 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Candidate Paulina Luna, Anna, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State FL District 13
(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 Republication	itic, in, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	eted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregal committee. (i.e., nonconnected committee)	ted fund or party
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
1 C	

I	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Anna Paulina Lu	na for Congress		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising F	Representative, or Le	eadership PAC Sponsor
	APL Victory Fund			
	Mailing Address	1201 Gandy Blvd N		1 1 1 1 1 1 1 1
		P.O. Box 23064		
		Saint Petersburg	J FL 3	3742-
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundra	aising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and positi	ion of the person in po	essession of committee
	Satterfield,	David, , ,		
	Full Name			
	Mailing Address	228 S Washington Street		
		Suite 115		
		Alexandria	J VA 2	2314-5404
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone	number 703	_ 549 _ 7705
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of assistant treasurer).	f the committee; and	the name and address of
	Full Name Satterfield,	David, , ,		
	of Treasurer	222 211 11 2 2 2		
	Mailing Address	228 S Washington Street		
		Suite 115		
		Alexandria	J VA L	2314-5404
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone	number 703	_ 549 7705

	FEC Form 1	(Revised 02/2009)		Page 4
	Full Name of Designated Agent			
	Mailing Address			
	Title or Desition		ATE A	ZIP CODE ▲
	Title or Position	Telephone number		
-	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee decrees or maintains funds.	eposits funds, h	olds accounts, rents
	Name of Bank, D	epository, etc.		
		Chain Bridge Bank		
	Mailing Address	445-A Laughlin Avenue		
		McLean	VA 2210)1
		CITY ▲ STA	TE A	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		Middletown Valley Bank		
	Mailing Address	24 W Main St		
		PO Box 75		
		Middletown	MD 2176	9
		CITY ▲ STA	TE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spons
APL PAC			
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE A
		01/112 =	
	d Organization Affiliated Committee Join by by name, address (phone number – optional)	nt Fundraising Represent	ative X Leadership PAC Sp
		nt Fundraising Represent	ative X Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	ative X Leadership PAC Sp
esignated Agent: Identii		nt Fundraising Represent	ative X Leadership PAC Sp
esignated Agent: Identii		nt Fundraising Represent	ative X Leadership PAC Sp
esignated Agent: Identii	by by name, address (phone number – optional)	nt Fundraising Represent	Ative X Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identii		nt Fundraising Represent	ativ
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the property of the propert	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, repository, etc	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, repository, etc	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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1		g Participant:				
				FEC II	number	С
2				FEC II	number	С
3				FEC II	number	С
4.				FEC II	number	C
	_	_	liated Committee, Joint	Fundraising Re	oresentative	e, or Leadership PAC Spons
Amer	rican Battlegroun	d Fund				
Ма	ailing Address	PO Box 30844				
		Bethesda		1	MD	20824-0844
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
Full I	Name					
Maili	ng Address					
Maili	ng Address					
Maili	ng Address					
	ng Address LE OR POSITION	\	CITY A		STATE A	ZIP CODE A

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Grow the Majority	_		
Mailing Address	228 S Washington St Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		Ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	or Leadershin PAC Snon
Emmer Majority Buil			
Mailing Address	824 S. Milledge Ave. Ste. 101		
	Athens	GA	30606-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Jo y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC S
		Int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Int Fundraising Represent	Leadership FAC 5
esignated Agent: Identi		Int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Int Fundraising Represent	Leadership PAC S
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional) CITY ▲		
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afty deposit boxes or mame of Bank,	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisin	3 · · · · · · · · · · · · · · · · · · ·		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Burchett Luna Victory	Fund		
Mailing Address	95 White Bridge Rd		
	Ste. 207		
	Nashville	TN	37205-1482
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	Leadership PAC Sp
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Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
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Full Name	cies: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposit	ZIP CODE A