FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
	C		
	2308 Mt Vernon Ave.		
ADDRESS (number and stree	t)		
 (Check if address is changed) 	#812		
	Alexandria		VA 22301 -
	CITY ▲		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADD	DRESS		
(Check if address	compliance@rightsidec	compliance.com	
is changed)			
	Optional Second E-Mail Add		
 (Check if address is changed) 			
2. DATE 10	D D / Y Y Y Y 13 2022		
3. FEC IDENTIFICATION	INUMBER ► C CO	0689984	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examine	ed this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treas	Surer Sullivan, Elizabeth, , ,		
Signature of Treasurer	ullivan, Elizabeth, , ,	[Electronically Filed]	Date 10 / D D / Y Y Y Y 13 2022
NOTE: Submission of false, e		nay subject the person signing the field of	his Statement to the penalties of 52 U.S.C. §30109 NITHIN 10 DAYS.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022)	Page 2			
5. 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 Sought: House Senate President	State			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate				
 (d) This committee is a (National, State or subordinate) committee of the Republication Political Action Committee (PAC): (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control 	ican, etc.) Party			
Corporation Corporation w/o Capital Stock Lab	or Organization			
Membership Organization X Trade Association Coc	operative			
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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 (Hybri	id 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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
 2.

	FEC Form 1 (Revised		Page 3
V	Vrite or Type Committee Name		
	GovEvolve PA	C	
.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
	GovEvolve		1
	Mailing Address	2308 Mount Vernon Ave.	
		#812	
		Alexandria VA 22301	
		CITY A STATE A	ZIP CODE

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Parker, Joa	inne, , ,			
Full Name				
Mailing Address	PO Box 341027			
	Austin			8734
		CITY A	STATE 🔺	ZIP CODE
Title or Position ▼				
Custodian of Records			Telephone number	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Sullivan, Elizabeth, , ,		
of Treasurer			
Mailing Address	2308 Mount Vernon Ave.		
	#812		
	Alexandria VA 22301		
	CITY ▲ STATE ▲ ZIP CODE ▲		
Title or Position ▼			
Treasurer	Image: Telephone number 202 - 626 - 8528		

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated	Hobbs, Cabell, , ,	
Agent		
Mailing Address	PO Box 341027	
	Austin TX 78734	
	CITY A STATE A ZIF	P CODE 🔺
Title or Position	▼	
Asst. Treasurer	Telephone_number	

9. 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, Depository, etc.

	BANK		
Mailing Address	2200 WILSON BLVD		
	STE 100		
		VA 22201	
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲