**FEC** 

Only

## STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Hung Cao for Virginia PO BOX 652 ADDRESS (number and street) (Check if address is changed) **PURCELLVILLE** 20134 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.hungforva.com (Check if address is changed) DATE 2024 C00802488 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Martin, Steve,, Date 10 14 2024 Signature of Treasurer Martin, Steve, , , 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

| E | C Form 1 (Revised 03/2022)   | Page 2                |
|---|--|-----------------------|
|   | 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 call information below.)   | ndidate               |
|   | Name of CAO, HUNG, , ,   |                       |
|   | Candidate Party Affiliation REP Office Sought: House X Senate President  | State VA  District 00 |
|   | (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 Republican, etc.   | ) Party               |
|   | Political Action Committee (PAC):  |                       |
|   | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization  | ganization is a:      |
|   | Corporation Corporation w/o Capital Stock Labor Organ  | ization               |
|   | 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 segregated fur committee. (i.e., nonconnected committee)  | nd 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 or mo committees/organizations, at least one of which is an authorized committee of a federal candidate. | re political          |
|   | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.         | ore political         |
|   | Committees Participating in Joint Fundraiser   |                       |
|   | 1. C   |                       |

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|----|--|--|---------------------------------|
| ٧  | rite or Type Committee Name                                |  |                                 |
|    | Hung Cao for Vir   |  |                                 |
| 6. | _  | ganization, Affiliated Committee, Joint Fundraising Representative                       | e, or Leadership PAC Sponsor    |
|    | Cao Victory Fund 202                                       | 24<br>   |                                 |
|    |  |  |                                 |
|    | Mailing Address  | PO Box 30844   |                                 |
|    |  |  |                                 |
|    |  | Bethesda MD  | 20824                           |
|    |  | CITY ▲ STATE ▲   | ZIP CODE ▲                      |
|    | Relationship: Connected                                    | Organization Affiliated Organization X Joint Fundraising Represen                        | ntative Leadership PAC Sponso   |
| :  | Custodian of Records: Identi books and records.            | y by name, address (phone number optional) and position of the pers                      | on in possession of committee   |
|    | CFS, Comp  | liance, , ,  | ı                               |
|    | Full Name  | PO Box 30844   |                                 |
|    | Mailing Address  |  |                                 |
|    |  |  |                                 |
|    |  | Bethesda MD  | 20824                           |
|    |  | CITY ▲ STATE ▲   | ZIP CODE ▲                      |
|    | Title or Position ▼  |  |                                 |
|    | Custodian of Records                                       | Telephone number   | 301 654 3220                    |
| 3. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the committe<br>ssistant treasurer). | ee; and the name and address of |
|    | Full Name Martin, Stevor Treasurer                         | e,,,<br>   |                                 |
|    | Mailing Address  | PO Box 30844   |                                 |
|    | -  |  |                                 |
|    |  | Bethesda MD  | 20824                           |
|    |  | CITY ▲ STATE ▲   | ZIP CODE ▲                      |
|    | Title or Position ▼  |  |                                 |
|    | TREASURER  | Telephone number   | 301 - 654 - 3220                |

| Full Name of Dasignated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  Telep | FEC Form 1                       | (Revised 02/2009)   | Page <b>4</b>      |
|---|----------------------------------|---|--------------------|
| CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  | Designated                       |   |                    |
| Title or Position ▼    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.    CHAIN BRIDGE BANK   | Mailing Address                  |   |                    |
| Title or Position ▼    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.    CHAIN BRIDGE BANK   |                                  |   |                    |
| Title or Position ▼    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.    CHAIN BRIDGE BANK   |                                  |   |                    |
| 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.  CHAIN BRIDGE BANK  Mailing Address  1445-A LAUGHLIN AVE  CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.  Wells Fargo Bank  Mailing Address  8302 Woodmont Ave  Bethesda MD 20814  | Till Davids                      |   | ZIP CODE ▲         |
| Name of Bank, Depository, etc.  CHAIN BRIDGE BANK  Mailing Address  CHAIN BRIDGE BANK  Mailing Address  CHAIN BRIDGE BANK   | Title or Position •              |   |                    |
| CHAIN BRIDGE BANK  Mailing Address    1445-A LAUGHLIN AVE   | Banks or Other safety deposit bo | <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds. | ds accounts, rents |
| Mailing Address    1445-A LAUGHLIN AVE  | Name of Bank, D                  | pepository, etc.  |                    |
| Name of Bank, Depository, etc.  Wells Fargo Bank  Mailing Address    8302 Woodmont Ave  | Mailing Address                  |   |                    |
| Mailing Address    8302 Woodmont Ave  |                                  |   | ZIP CODE A         |
| Mailing Address    8302 Woodmont Ave  | Name of Bank, D                  | epository, etc.   |                    |
| Bethesda MD 20814   |                                  | Wells Fargo Bank  |                    |
|   | Mailing Address                  | 8302 Woodmont Ave   |                    |
|   |                                  |   |                    |
| CITY ▲ STATE ▲ ZIP CODE ▲   |                                  | Bethesda MD 20814   |                    |
|   |                                  | CITY ▲ STATE ▲  | ZIP CODE ▲         |

FEC Form 1S (Revised 02/2017)

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

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| (h). <b>Joint Fundraisi</b>  | ig i artioipant.  |                       |                            |
|--|---|-----------------------|----------------------------|
| 1.   |   | FEC ID number         | С                          |
| 2  |   | FEC ID number         | C                          |
| 3.   |   | FEC ID number         | С                          |
| 4.   |   | FEC ID number         | С                          |
| Name of Any Connected  | Organization, Affiliated Committee, Joint Fundr   | aising Representativ  | e, or Leadership PAC Spons |
|  |   |                       |                            |
| Mailing Address  | 421 OFFICE PARK DRIVE   |                       |                            |
|  |   |                       |                            |
| Relationship:  | MOUTAIN BROOK  CITY   | AL<br>STATE ▲         | 35223<br>ZIP CODE ▲        |
|  | 0111 =  | 01/112 =              | 211 0002 2                 |
|  | ad Organization Affiliated Committee X Joint fy by name, address (phone number – optional)                            | Fundraising Represent | ative Leadership PAC Spo   |
| Designated Agent: Identi   |   | Fundraising Represent | ative Leadership PAC Spo   |
| Designated Agent: Identi   |   | Fundraising Represent | ative Leadership PAC Spo   |
| Designated Agent: Identi   |   | Fundraising Represent | ative Leadership PAC Spo   |
| Designated Agent: Identi   |   | Fundraising Represent | ative Leadership PAC Spo   |
| Designated Agent: Identi   | fy by name, address (phone number – optional)   | Fundraising Represent | Leadership PAC Spo         |
| Pesignated Agent: Identi  Full Name L  Mailing Address   | fy by name, address (phone number – optional)  CITY   |                       |                            |
| Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of the position of the posi | fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which | STATE A               | ZIP CODE A                 |
| Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the property of t | cories: List all banks or other depositories in which aintains funds.   | STATE A               | ZIP CODE A                 |

FEC Form 1S (Revised 02/2017)

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

|      | of 6 |
|------|------|
| Page | of o |

| h). <b>Joint Fundraisi</b>  |  |                            |                            |
|---|--|----------------------------|----------------------------|
| 1.  |  | FEC ID number              | С                          |
| 2.  |  | FEC ID number              | C                          |
| 3.  |  | FEC ID number              | С                          |
| 4.  |  | FEC ID number              | С                          |
|   |  |                            |                            |
| ame of Any Connected  | l Organization, Affiliated Committee, Joint Fur  | ndraising Representativ    | e, or Leadership PAC Spons |
| RECLAIM THE MAJ   | ORITY  |                            |                            |
|   |  |                            |                            |
|   | 421 OFFICE PARK DR   |                            |                            |
| Mailing Address   |  |                            |                            |
|   |  |                            |                            |
|   | MOUNTAIN BROOK   | AL                         | 35223                      |
| Relationship:   | CITY ▲   | STATE ▲                    | ZIP CODE ▲                 |
|   | ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)  | oint Fundraising Represent | ative Leadership PAC Sp    |
|   |  | int Fundraising Represent  | Leadership PAC Sp          |
| esignated Agent: Identi   |  | oint Fundraising Represent | ative Leadership PAC Sp    |
| esignated Agent: Identi   |  | int Fundraising Represent  | Leadership PAC Sp          |
| esignated Agent: Identi   |  | int Fundraising Represent  | Leadership PAC Sp          |
| esignated Agent: Identi   | fy by name, address (phone number – optional)  | sint Fundraising Represent | Leadership PAC Sp          |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional)  |                            |                            |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional)  CITY  | STATE A                    |                            |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which                  | STATE A Telephone Number   | ZIP CODE A                 |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which                  | STATE A Telephone Number   | ZIP CODE A                 |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A Telephone Number   | ZIP CODE A                 |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,                          | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A  Telephone Number  | ZIP CODE A                 |
| esignated Agent: Identification  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   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A  Telephone Number  | ZIP CODE A                 |
| esignated Agent: Identification  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   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A  Telephone Number  | ZIP CODE A                 |