FEC

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Integrity Project 13520 McLearen Rd. ADDRESS (number and street) No. 710993 (Check if address is changed) Herndon 20171 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS maria@trinityfrc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2017 C00654541 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. Wojciechowski, Maria, , , Type or Print Name of Treasurer Wojciechowski, Maria, , , [Electronically Filed] 09 2017 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

FF0 =	4 (Davided 00/0000)	D 0
	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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
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.		

FEC Form 1 (Revi	ised 02/2009)	Page 3
Write or Type Committee		<u> </u>
American Int	egrity Project	
	eted Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the per	son in possession of committee
Wojc	ciechowski, Maria, , ,	
Mailing Address	13520 McLearen Rd.	
Walling / Radiess	No. 710993	
	Herndon	20171
Title or Position	CITY STATE	ZIP CODE
Treasurer		
. Treasurer: List the name any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; a e.g., assistant treasurer).	and the name and address of
Full Name Wojci	iechowski, Maria, , ,	
Mailing Address	13520 McLearen Rd.	
	No. 710993	
	Herndon VA	20171
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC Forr	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Banks or Other safety deposit be Name of Bank,		olds accounts, rents
safety deposit be	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	olds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 2210	1
safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	1
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	1
safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	1
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	1
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	1

: 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: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: