## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. IMPACT COMMITTEE 107 S WEST STREET ADDRESS (number and street) **SUITE 176** (Check if address is changed) **ALEXANDRIA** 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS impactcommittee01@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00525238 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. BARLOW, HEATHER HENDERSON, , , Type or Print Name of Treasurer BARLOW, HEATHER HENDERSON, , , [Electronically Filed] 02 2022 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

Only

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. TYPE OF COMMITTEE:		
Candidate Committee:		
(a) This committee is a principal campaign of	committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee information below.)	ee, and is NOT a principal campaign committee. (Complete	the candidate
Name of Candidate		
Candidate Office Party Affiliation Sought:	House Senate President	State
(c) This committee supports/opposes only or	ne candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This committee is a	ational, State (Democra subordinate) committee of the Republica	atic, an, etc.) Party
Political Action Committee (PAC):		
(e) This committee is a separate segregated	I fund. (Identify connected organization on line 6.) Its connected	cted 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 t committee. (i.e., nonconnected committee	than one Federal candidate, and is NOT a separate segrega e)	ited fund or party
In addition, this committee is a	Lobbyist/Registrant PAC.	
x In addition, this committee is a	Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expen	diture-only political committee (Super PAC).	
In addition, this committee is a	. Lobbyist/Registrant PAC.	
(h) This committee is a political committee w	with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a	Lobbyist/Registrant PAC.	
Joint Fundraising Representative:		
(1)	ys fundraising expenses and disburses net proceeds for two f which is an authorized committee of a federal candidate.	or more political
(1)	ys fundraising expenses and disburses net proceeds for two is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser		
1.	C	
. 1	C	

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Wri	ite or Type Commi		<u> </u>
	IMPACT	COMMITTEE	
<b>5.</b>		nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders EP MICHAEL R, , ,	hip PAC Sponsor
	Mailing Address	5815 STONE LAKE DRIVE	
		DAYTON OH 45429	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	eadership PAC Sponso
	Custodian of Records	cords: Identify by name, address (phone number optional) and position of the person in possessi s.	on of committee
		BARLOW, HEATHER HENDERSON, , ,	
	Full Name		
ı	Mailing Address	107 S WEST STREET	
		SUITE 176	
		ALEXANDRIA VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	,	
	Treasurer		706   5303
		e name and address (phone number optional) of the treasurer of the committee; and the na gent (e.g., assistant treasurer).	me and address of
	Full Name	BARLOW, HEATHER HENDERSON, , ,	
,	of Treasurer		
	Mailing Address	107 S WEST STREET	
		SUITE 176	
		ALEXANDRIA VA 22314	
	T11		ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	706 - 5303

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Full Name of Designated Agent					
Mailing Address					
Tills on Brottler	CITY ▲ STATE ▲	ZIP CODE ▲			
Title or Position					
	Telephone number				
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			
Name of Bank, D	Depository, etc.				
	CHAIN BRIDGE BANK, N.A.				
Mailing Address	1445A LAUGHLIN AVENUE				
	MCLEAN VA 22101				
	CITY ▲ STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.					
	WELLS FARGO				
Mailing Address	420 MONTGOMERY STREET				
	SAN FRANCISCO CA 94104				
	CITY ▲ STATE ▲	ZIP CODE ▲			

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

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5(g) o	r(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected TURNER VICTOR	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE, STE 101		
		ATHENS	GA	30605
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
8.		Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sponsor
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE ▲
	TITLE OR POSITION	CITY A	STATE ▲ ephone Number	
		CITY  Tel	ephone Number	ZIP CODE 🛦
	Banks or Other Depositor safety deposit boxes or matching Mame of Bank, Depository, etc.	CITY  Tel	ephone Number	ZIP CODE 🛦