Only

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STATEMENT OF **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. Reeves for Congress PO Box 374 ADDRESS (number and street) (Check if address is changed) McLean 22101 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00791962 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. Leon-Miller, Thais, , , Type or Print Name of Treasurer Leon-Miller, Thais, , , [Electronically Filed] 03 18 2022 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

Local 202-694-1100

FFC <b>F</b> /	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE	i aye 🚣
Candidat	e Committee:	
(a) <b>x</b>	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. (Corinformation below.)	nplete the candidate
Name of Candidate	Reeves, Bryce, , Mr,	
Candidate Party Affiliat	ion REP Office Sought: House Senate President	State VA District 07
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	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 s committee. (i.e., nonconnected committee)	egregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name		3
Reeves for Con-	aress	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
FREEDOMWORKS VI	CTORY 2022	
	PO BOX 26141	
Mailing Address	F O BOX 20141	
	ALEXANDRIA VA 22313  CITY STATE	ZIP CODE
Relationship: Connected		adership PAC Sponsor
. Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
Leon-Miller	, Thais, , ,	I
Full Name	1350 Beverly Road Suite 115	
Mailing Address		
	McLean , VA , 22101	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
Full Name Leon-Miller, of Treasurer	, Thais, , ,	
Mailing Address	1350 Beverly Road Suite 115	
	McLean VA 22101	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

TEC FOIII I (Rev	vised 02/2009)		Page <b>4</b>
Full Name of			
Designated Agent			
Mailing Address			
Ü			
		1 1	
	CITY	 TATE	ZIP CODE
Title or Position			
	Telephone numbe	r	
Name of Bank, Deposito			
safety deposit boxes or r Name of Bank, Depositor  Eagl  Mailing Address	ry, etc.		
Name of Bank, Deposito	ry, etc. le Bank		
Name of Bank, Deposito	ry, etc. le Bank	DC 20006	
Name of Bank, Deposito	ry, etc.   e Bank	DC 20006	ZIP CODE
Name of Bank, Deposito	ry, etc.   e Bank		
Name of Bank, Depositor  Eagl  Mailing Address  Name of Bank, Depositor	ry, etc.    e Bank		
Name of Bank, Depositor  Eagl  Mailing Address	ry, etc.    e Bank		
Name of Bank, Depositor  Eagl  Mailing Address  Name of Bank, Depositor  Truis	ry, etc.    e Bank		
Name of Bank, Depositor  Eagl  Mailing Address  Name of Bank, Depositor  Truis	ry, etc.    e Bank		
Name of Bank, Depositor  Eagl  Mailing Address  Name of Bank, Depositor	ry, etc.    e Bank		ZIP CODE

## : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

FreedomWorks Victory 2022 FEC ID: C00809210 PO Box 26141 Alexandria VA 22313

Form/Schedule: Transaction ID: