| FEC FORM 1 | STATEMENT OF ORGANIZATION | PAGE 1 / 4 |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name Example: If typing, type is changed) over the lines. | 12FE4M5 |
| | | |
| | | |
| ADDRESS (number and street) | 712 H St NE | |
| (Check if address is changed) | Ste 2691 | |
| | Washington └──└──└──└──└──└──└──└──└──└──└──└── CITY ▲ | DC 20002-3627 STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRI | ESS | |
| (Check if address is changed) | social@uniteddemocracyproject.org | |
| | Optional Second E-Mail Address | |
| COMMITTEE'S WEB PAGE AE (Check if address is changed) | DDRESS (URL) | |
| | 12 / Y Y Y Y 2024 | |
| 3. FEC IDENTIFICATION N | UMBER ► C C00799031 | |
| 4. 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. |
| Type or Print Name of Treasure | er D'Alessio, Christopher, , , | |
| Signature of Treasurer D'Al | essio, Christopher, , , | Date 02 / 12 / 2024 |
| NOTE: Submission of false, error | neous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED | |
| Office Use Only | For further information cd Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | ontact: FEC FORM 1 |

Local 202-694-1100

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|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 5. TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate information be | elow.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.) | (Complete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Sought: House Senate Pre | State |
| | District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committe | ·C. |
| Name of Candidate | |
| Party Committee: (National, State (d) This committee is a (d) This committee is a | (Democratic, Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) | Its connected 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 separa committee. (i.e., nonconnected committee) | te segregated 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) X 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 account | ts (Hybrid 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.

In addition, this committee is a Lobbyist/Registrant PAC.

| | FEC Form 1 (Revised | 02/20 | 009 |) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pa | age | 3 | | |
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| ٧ | Write or Type Committee Name |) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UNITED DEMO | CF | RA | C | Y | Ρ | R | C |)J | Е | C. | Т | (' | U | D | P | ') | | | | | | | | | | | | | | | | | | | |
| 6. | Name of Any Connected C |)rga | niza | atio | n, | Aff | ilia | teo | i C | Cor | nm | itte | ee, | Jo | oin | t F | un | dra | isi | ng | Re | pre | se | nta | tiv | e, c | or I | .ea | de | rsh | ip | PAC | ; s | pon | soi | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| D'Alessio, (| Christopher, , , | | | |
|----------------------|------------------|--------|------------------|------------|
| Full Name | | | | |
| Mailing Address | 712 H St NE | | | |
| | Ste 2691 | | | |
| | Washington | | | 20002-3627 |
| | | CITY 🔺 | 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 of Treasurer | D'Alessio, Christopher, , , | |
|---------------------------|------------------------------------------|---|
| Mailing Address | 712 H St NE | |
| | Ste 2691 | |
| | Washington DC 20002-3627 | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | |
| Title or Position | | |
| Treasurer | Image: Telephone number 202 - 271 - 0703 | 3 |

| FEC Form 1 (Revised 02) | /2009) |
|-------------------------|--------|
|-------------------------|--------|

| Full Name of Designated Agent | Rickey, Mary, , , |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mailing Address | 712 H Street NE |
| | Suite 2691 |
| | Washington DC 20002-3627 Image: Image of the image of t |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | * |
| Assistant Treasu | rer 1 202 1 494 1 3422 |

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.

| | Chain Bridge Bank, N.A. | | |
|-----------------|-------------------------|----------|----------|
| Mailing Address | 1445-A LAUGHLIN AVE | | |
| | | | |
| | | VA 22101 | |
| | CITY 🔺 | STATE A | ZIP CODE |
| Name of Bank, I | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE A | ZIP CODE |