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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. Friends of Alissa Baldwin 1724 9th St ADDRESS (number and street) (Check if address is changed) Victoria 23974 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS baldwinforunitedstatessenate@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.AlissaBaldwin.com (Check if address is changed) DATE 2019 C00710392 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. Branch, Glynda, , , Type or Print Name of Treasurer Branch, Glynda,,, [Electronically Filed] 07 2020 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

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name	of	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.) Baldwin, Alissa, , ,	plete the candidate
Candi		Daidwiii, Alissa, , ,	
Candi Party	idate Affiliati	on 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 Candi			
Part	y Con	nmittee: (National, State	(Democratic,
(d)		· · · ·	Republican, etc.) Party.
Polit	ical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (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	Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		
Friends of Ali	ssa Baldwin	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
NONE		
Mailing Address		
ý		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the perso	n in possession of committee
	ch, Glynda, , ,	
Full Name	571 Nutbush Road	
Mailing Address		
	Victoria	23974
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 480 _ 1902
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and .g., assistant treasurer).	the name and address of
Full Name Branc of Treasurer	h, Glynda, , ,	
Mailing Address	571 Nutbush Road	
	Victoria VA 2	23974
Title or Position	CITY STATE	ZIP CODE
Treasurer		480 1902

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Full Name of Designated	Baldwin, JoAnne, , ,	
Agent	₁ 1720 9th St	
Mailing Address		
	Victoria VA 23974	
	CITY STATE ZI	IP CODE
Title or Position Assistant Treas	surer Telephone number 434 – 69	96
		accounts, rents
safety deposit be Name of Bank,	Depository, etc. Benchmark Community Bank 1910 Main St	accounts, rents
safety deposit be	Depository, etc. Benchmark Community Bank 1910 Main St	accounts, rents
safety deposit be Name of Bank,	Depository, etc. Benchmark Community Bank 1910 Main St	accounts, rents
safety deposit be Name of Bank,	Depository, etc. Benchmark Community Bank 1910 Main St Victoria VA 23974	accounts, rents
safety deposit be Name of Bank,	Depository, etc. Benchmark Community Bank 1910 Main St Victoria Victoria CITY STATE Z	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Benchmark Community Bank 1910 Main St Victoria Victoria CITY STATE Z	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Benchmark Community Bank	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Benchmark Community Bank	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Benchmark Community Bank	