Image#	2023121	895994	91449
mayom	2020121	00000-	51775

Image# 20231218959949144	9	12/18/2023 09 : 58
FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
		Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and stree	3301 RICHMOND HWY #1156	
(Check if address	· 5	
is changed)	ALEXANDRIA 	VA         22305           STATE ▲         ZIP CODE ▲
COMMITTEE'S E-MAIL ADI	DRESS	
(Check if address is changed)		
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE		
(Check if address		
is changed)		
2. DATE 12	18 / Y Y Y Y 18 2023	
3. FEC IDENTIFICATION	N NUMBER ► C C00862094	
4. IS THIS STATEMENT	X NEW (N) OR AMENDED (A)	

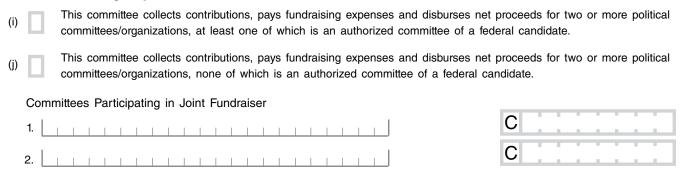
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of T	reasurer	QUICK,	KIRSTEN, , ,						
Signature of Treasurer	QUICK,	KIRSTEN	١, , ,			Date	12 <sup>//</sup>	D D 18	/ Y Y Y Y 2023
NOTE: Submission of false			•	,	bject the person sign HOULD BE REPORT	0		penalties o	of 52 U.S.C. §30109.
04100									

	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)	
--	-----------------------	--	--	--	---	---------------------------------	--

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
5. TYPE OF COMMITTEE:	
Candidate 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 prir information below.)	icipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is I	NOT an authorized committee.
Name of Candidate	
Party Committee:       (National, State         (d)       This committee is a         (a)       Image: State         (b)       Image: State         (c)       Image: State         (d)       Image: State <th(d)< th=""></th(d)<>	e of the Comparison (Democratic, Republican, etc.) Party
Political Action Committee (PAC): <ul> <li>(e) This committee is a separate segregated fund. (Identify connection)</li> </ul>	cted organization on line 6.) Its connected organization is a:
Corporation Corporation w/	o Capital Stock
Membership Organization Trade Associat	ion Cooperative
In addition, this committee is a Lobbyist/Registrant F	AC.
(f) This committee supports/opposes more than one Federal cano committee. (i.e., nonconnected committee)	lidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant F	AC.
In addition, this committee is a Leadership PAC. (Ide	entify sponsor on line 6.)
(g) $ imes$ This committee is an independent expenditure-only political co	mmittee (Super PAC).
In addition, this committee is a Lobbyist/Registrant F	AC.
(h) This committee is a political committee with both contribution a	and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant F	AC.

## Joint Fundraising Representative:



	FEC Form 1 (Revised	02/2	2009	)																										F	Pag	e <b>3</b>		
۷	Vrite or Type Committee Nam	е																														,		
	GREAT OPPOF	RT	U١	11	ΓY	<b>′</b> F	>/	40	)																									
6.	Name of Any Connected	Orga	niza	atio	n, /	Affi	lia	ted	С	om	mit	tee	, J	oin	t F	un	dra	isir	ng	Rej	ore	ser	ntat	ive	, <b>o</b>	r Lo	ead	lers	ship	• P/	AC	Spo	nsc	or
	Mailing Address	L																																
		L																													1			
										СІТ	Y											STA	ΤE						ZI	PC		E 🔺	•	

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

QUICK, KI	RSTEN, , ,		
Full Name			
Mailing Address	3301 RICHMOND HWY #1156		
		VA 22305	; 
	CITY A	STATE 🔺	ZIP CODE
Title or Position ▼			
		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	QUICK, KIRSTEN, , ,		
Mailing Address	3301 RICHMOND HWY #1156		
			22305
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position	,		
		Telephone number	

FEC Form 1 (Revised 02	2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	-

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.

Mailing Address	1445-A LAUGHLIN AVE		
		VA 2210	1
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE