FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Prayerie PAC PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chris@electioncfo.com is changed) Optional Second E-Mail Address prayeriepac@cc.electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00691915 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. Type or Print Name of Treasurer Marston, Chris,, Date 80 11 2023 Signature of Treasurer Marston, Chris, , , 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

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EC Form 1	(Revised 03/2022)	Page 2
TYPE OF	COMMITTEE:	
Candida	ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information be	low.)
1.1	This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name o Candida		
Candida Party Af		State sident District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	э.
Name Candid		
Party Co	ommittee:	
_	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):	
	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.	-
	This committee supports/opposes more than one Federal candidate, and is NOT a separat committee. (i.e., nonconnected committee)	e 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)	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	s (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fu	undraising Representative:	
(1)	This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal ca	·
(1)	This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate	•
Comm	nittees Participating in Joint Fundraiser	
1.	C	

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Wr	ite or Type Committee Name		
	Prayerie PAC		
i.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
	Mailing Address	PO BOX 396	
		BISMARCK ND 58	502
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	X Leadership PAC Sponso
	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in pos	esession of committee
	Hankins, B	renda	
	Full Name		
	Mailing Address	PO Box 26141	
		Alexandria VA 22	313-6141
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OIT = STATE =	ZII CODL =
	Assistant Treasurer	Telephone number	
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
	Full Name Marston, C	hris, , ,	
	oi ileasulei	PO Box 26141	
	Mailing Address	1 O DOX 20141	
		Alexandria VA 22	313-6141
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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Full Name of Designated Agent		1 1 1 1 1 1 1 1	
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
	Telephone	e number	
. Banks or Other De safety deposit boxe	epositories: List all banks or other depositories in which the comes or maintains funds.	nmittee deposits funds, ho	lds accounts, rents
Name of Bank, Dep	ository, etc.		
L	FORBRIGHT BANK		
Mailing Address	4445 Willard Ave		
	Ste 1000		
	Chevy Chase	MD 20815	5
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	pository, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Spon
TEAM CRAMER			
	₁ PO BOX 26141		
Mailing Address			
	ALEXANDRIA	VA	22313-6141
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X fy by name, address (phone number – option	Joint Fundraising Represen	tative Leadership PAC Sp
			tative Leadership PAC Sp
esignated Agent: Ident			tative Leadership PAC Sp
esignated Agent: Ident			Leadership PAC S
esignated Agent: Ident			Leadership PAC S
esignated Agent: Ident	fy by name, address (phone number – options		Leadership PAC S
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – options	al)	
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – options	al) STATE	
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	fy by name, address (phone number – options CITY ▲ Ories: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or n	fy by name, address (phone number – options CITY ▲ Ories: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – options) CITY Ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, ren
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – options) CITY Ories: List all banks or other depositories in what in a funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, ren
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – options) CITY Ories: List all banks or other depositories in what in a funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, ren