**FEC** 

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. New Republicans PAC PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2021 C00778266 FEC IDENTIFICATION NUMBER > 3. 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. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 04 30 2021 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

FF0 <b>=</b>	4 (Davided 00/0000)	D <b>0</b>
	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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 principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N		
New Republic	cans PAC	
<u>-</u>	ed Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
NONE		
Mailing Address		
ag / taa. ooo		
	CITY	ATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repro	esentative Leadership PAC Sponsor
7. <b>Custodian of Records:</b> books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
	ns, Brenda, , ,	
Full Name	PO Box 26141	
Mailing Address		
	Alexandria	A 22313
Title or Position	CITY STAT	TE ZIP CODE
Assistant Treasurer	Telephone number	
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comr g., assistant treasurer).	mittee; and the name and address of
	on, Chris, , ,	
of Treasurer	PO Box 26141	
Mailing Address		
	Alexandria	A    22313    _
	CITY STAT	
Title or Position Treasurer		
	Telephone number	

FEC For	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other safety deposit b Name of Bank,		s accounts, rents
safety deposit b	Depository, etc.  EagleBank	s accounts, rents
safety deposit b Name of Bank,	Depository, etc.  EagleBank  2001 K St NW	s accounts, rents
safety deposit b Name of Bank,	Depository, etc.  EagleBank  2001 K St NW  Washington  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.    EagleBank	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  EagleBank  2001 K St NW  Washington  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  EagleBank  2001 K St NW  Washington  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  EagleBank  2001 K St NW  Washington  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  EagleBank  2001 K St NW  Washington  CITY  STATE  Depository, etc.	

## : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: