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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) over the lines. is changed) FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL) 4246 CHAIN BRIDGE RD ADDRESS (number and street) (Check if address is changed) **FAIRFAX** 22030 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS michael.rumberg@verizon.net (Check if address is changed) Optional Second E-Mail Address treasurer@fairfaxgop.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.FairfaxGOP.org (Check if address is changed) DATE 2023 C00277335 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. Rumberg, Michael, , Mr., Type or Print Name of Treasurer Rumberg, Michael, , Mr., [Electronically Filed] 06 21 2023 Signature of Treasurer Date 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. FEC FORM 1

| Office | | | For further information contact: |
|--------|--|--|--|
| Use | | | Federal Election Commission |
| Only | | | Toll Free 800-424-9530 Local 202-694-1100 |
| , | | | LUCAI 202-034-1100 |

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|--|--|---|----------------------|--|--|--|--|--|
| . т | | | | | | | | |
| C | andid | date Committee: | | | | | | |
| (a) This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | | | | |
| (b | p) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | | |
| | Name Candid | 1 | | | | | | |
| | Candid Party / | date Office Sought: House Senate President | State District | | | | | |
| (0 | ;) | This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate | | | | | | |
| | | | | | | | | |
| P | arty C | Committee: | | | | | | |
| | d) x | This committee is a SUB (National, State or subordinate) committee of the REP (Democratic Republican, | | | | | | |
| P | olitica | al Action Committee (PAC): | | | | | | |
| (6 | . 🖂 | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organization is a: | | | | | |
| | | | | | | | | |
| | | | ganization | | | | | |
| | | Membership Organization Trade Association Cooperation | tive | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| (f |) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | | |
| (c | a) | This committee is an independent expenditure-only political committee (Super PAC). | | | | | | |
| (g) I his committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | | |
| ,, | | | 0) | | | | | |
| (h | 1) | This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA | C). | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| J | oint F | Fundraising Representative: | | | | | | |
| | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or | more political | | | | | |
| (i) | , | 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. | | | | | | | |
| | Comi | nmittees Participating in Joint Fundraiser | | | | | | |
| | 1 | C | | | | | | |
| | _ | | | | | | | |

Title or Position ▼

Treasurer

| Г | _ | | _ | | | | |
|----|---------------------------------------|---|-------------------------|--|--|--|--|
| I | FEC Form 1 (Revis | inad 02/2000) | l Page 3 | | | | |
| | Write or Type Committee N | <u> </u> | rage 3 | | | | |
| | | OUNTY REPUBLICAN COMMITTEE (FEDI | ERAL) | | | | |
| 6. | = = = = = = = = = = = = = = = = = = = | ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le | eadership PAC Sponsor | | | | |
| | | | | | | | |
| | Mailing Address | 115 EAST GRACE STREET | REET | | | | |
| | | <u> </u> | | | | | |
| | | RICHMOND VA 2 | 23219 | | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | | |
| | Relationship: Conne | ected Organization X Affiliated Organization Joint Fundraising Representative | Leadership PAC Sponso | | | | |
| | | | | | | | |
| | books and records. Rumb Full Name | berg, Michael, , , | | | | | |
| | | ₁ 7138 Little River Turnpike | | | | | |
| | Mailing Address | [#210 | | | | | |
| | | | | | | | |
| | | Annandale VA 2 | 22003 | | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | | |
| | Title or Position ▼ | | | | | | |
| | Treasurer | Telephone number 703 | _ 585 4761 | | | | |
| 8. | | ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer). | the name and address of | | | | |
| | Full Name Rumb | berg, Michael, , Mr., | | | | | |
| | of Treasurer | | | | | | |
| | Mailing Address | 7138 Little River Turnpike | | | | | |
| | | _#210 | | | | | |
| | | Annandale VA 2 | 22003 | | | | |

CITY 🔺

STATE ▲

Telephone number

703

ZIP CODE ▲

4761

585

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|--|--|---------------------------------|-----------------------------|--|--|--|
| Full Name of Croft Designated Agent | t, George, , , | | | | | |
| Mailing Address | 6523 Sunny Hill Ct | | | | | |
| | | | | | | |
| | McLean | VA | 22101 | | | |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Asst Treasurer | | Telephone number | 03 - 821 - 2841 | | | |
| Banks or Other Deposafety deposit boxes or | sitories: List all banks or other depositories in maintains funds. | which the committee deposits fu | inds, holds accounts, rents | | | |
| Name of Bank, Deposit | Name of Bank, Depository, etc. | | | | | |
| Eag | gle Bank | | | | | |
| Mailing Address | 8245 Boone Blvd | | | | | |
| | | | | | | |
| | Tysons Corner | VA | 22182 | | | |
| | CITY A | STATE ▲ | ZIP CODE ▲ | | | |
| Name of Bank, Deposit | tory, etc. | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY A | STATE ▲ | ZIP CODE ▲ | | | |