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. COURAGE MAINE 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 CMARSTON@NRREPORTS.NET (Check if address is changed) Optional Second E-Mail Address DSMITH@HVJT.LAW COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00688192 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. MARSTON, CHRIS, , , Type or Print Name of Treasurer MARSTON, CHRIS, , , [Electronically Filed] 09 26 2018 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

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (n) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this commi			
Name of Candidate Candidate Party Affiliation City This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No 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 segregated fund or procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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2. FEC ID number	Co	ommittees Participating in Joint Fundraiser	
2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee Name		
COURAGE MAI		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leado	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in	possession of committee
SMITH, DC	DNNA, , ,	
Full Name	45 N HILL DR STE 100	
Mailing Address		
	WARRENTON , VA , 20186	
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURER	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name MARSTON,	, CHRIS, , ,	1
of Treasurer	IPO BOX 26141	
Mailing Address		
	ALEXANDRIA	
	VA	
	CITY STATE	ZIP CODE

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc.	o decounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, [Depository, etc. EAGLE BANK 2001 K ST NW	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. EAGLE BANK 2001 K ST NW WASHINGTON CITY STATE	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. EAGLE BANK 2001 K ST NW WASHINGTON CITY STATE	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. EAGLE BANK 2001 K ST NW WASHINGTON CITY STATE	
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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: