STATEMENT OF

PAGE 1 / 7 =

FEC FORM 1		ORG	ANIZA	ΓΙΟΝ							
						_		Office Us	e Only		
 NAME OF COMMITTEE (ir 	n full)	(Check i		Example: If typ over the lines.	ing, type	12FI	E4M5				
REINVENT	ING A	NEW DIF	RECTIO	N POLI	ΓICAL A	ACTI	ON C	COM	MIT	TEE	
				1 1 1 1					1 1	1 1 1	1
ADDRESS (number a	nd atract)	PO BOX 72598									
(Check if a	,										
is changed	d)	. NEWPORT				KY	4	1072			
		CITY A				STATE	J L		 ZIP C	ODE A	
	AU ADDDEC										
COMMITTEE'S E-MA		.RANDPAC@	BROGHAME								
(Check if a is changed		INANDI AC®	DICOGI IAIVIL								
		Optional Second	E-Mail Addres	SS							
COMMITTEE'S WEB	PAGE ADD	RESS (URL)									
(Check if a is changed		WWW.RANDPAC	C.COM					1 1 1	1 1	1 1 1	₁
is snanger	-,										
2. DATE 1	M / D 16	2018	Y								
3. FEC IDENTIFIC	CATION NU	MBER ▶	C C004	93924							
4. IS THIS STATEM	MENT	NEW (N)	OR	x AME	NDED (A)						
I certify that I have e	examined thi	s Statement and	to the best of	my knowledge	and belief it	is true, o	correct ar	nd comp	olete.		
Type or Print Name	of Treasurer	BROGHAMER,	KEVIN, , ,								
Signature of Treasure	er <i>BROG</i>	HAMER, KEVIN, , ,		[Electronic	ally Filed]	Date	M M 06	/ D	D /	2021	YYY
NOTE: Submission of		ous, or incomplete ANY CHANGE IN						e penalt	ies of 2	U.S.C. §	437g.
Office Use				Federal Ele	information contion Commission Commission Commission 10-424-9530				FOF		

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	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
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Pai	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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.	
(f)			gradated fund or party
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

_		<u> </u>
FEC Form 1 (Revised ()2/2009)	Page 3
Write or Type Committee Name	,	
REINVENTING	A NEW DIRECTION POLITICA	AL ACTION COMMITTEE
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising R	epresentative, or Leadership PAC Sponsor
FREEDOM FOR ALL	AMERICANS	
	824 S MILLEDGE AVE STE 101	
Mailing Address		
	ATHENS	GA 30605
	CITY	STATE ZIP CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee Joint Fundrais	sing Representative Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and po	osition of the person in possession of committee
books and records.		
BROGHAN Full Name	MER, KEVIN, , ,	
ruii Name	PO BOX 72598	
Mailing Address		
	NEWPORT	KY 41072
Title or Decition	CITY	CTATE ZID CODE
Title or Position	CITY	STATE ZIP CODE
TREASURER	Telephone r	number - -
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of assistant treasurer).	the committee; and the name and address of
Full Name BROGHAN	MER, KEVIN, , ,	
of Treasurer		
Mailing Address	PO BOX 72598	
		<u> </u>
	NEWPORT	KY 41072
	CITY	STATE ZIP CODE
Title or Position TREASURER	· 1	.

Telephone number

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_		
Full Name of Designated	BROGHAMER, KEVIN, , ,	
Agent	DO DOX 73509	
Mailing Address	PO BOX 72598	
	NEWPORT KY 410	072
	CITY STATE	ZIP CODE
Title or Position	Telephone number	- , , - , , ,
	Telephone number	
Mailing Address	CHAIN BRIDGE BANK 1445 LAUGHLIN AVE	
Mailing Address	MCLEAN VA 1221	101
Mailing Address	MCLEAN VA 221	101
Mailing Address	MCLEAN VA 221	ZIP CODE
Name of Bank, [CITY STATE	
	CITY STATE	
	CITY STATE Depository, etc.	
Name of Bank, [CITY STATE Depository, etc.	
Name of Bank, [CITY STATE Depository, etc.	

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 190		
	NEWPORT	KY KY	41072
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
	d Organization Affiliated Committee Joint	nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page	6	of	7	
raue		OI.		

h). Joint Fundraisi r	ig i di dolpant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 190		
	NEWPORT	L KY	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spanish
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi r	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
PAUL, RAND, , ,			
Mailing Address	PO BOX 72928		
	NEWPORT	KY KY	41072
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	ative
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A