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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) is changed) over the lines. FreedomWorks Victory 2021 111 K St NE ADDRESS (number and street) Ste 600 (Check if address is changed) Washington 20002 DC CITY 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 07 2021 C00776013 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] 04 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cai	ndidate	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. (Com information below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotrict
	ne of didate		
Par	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 con	nected organization is a
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	areaated fund or party
()	ш	committee. (i.e., nonconnected committee)	J 13
		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 two 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.	FREEDOMWORKS PAC	573550
	2.	BISHOP FOR CONGRESS FEC ID number C C006	699660
	3.	MARSHA FOR SENATE FEC ID number C C003	376939
	4.	YVETTE4CONGRESS	55571

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Write or Type Committee Na		9
FreedomWork		
	Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	ATE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	lentify by name, address (phone number optional) and position of	the person in possession of committee
	, Chris, , ,	
Full Name	PO Box 26141	
Mailing Address		
	Alexandria	A , ,22313
Title or Position	CITY STAT	E ZIP CODE
Assistant Treasurer	Telephone number	
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the comr , assistant treasurer).	mittee; and the name and address of
	, Chris, , ,	
of Treasurer	PO Box 26141	
Mailing Address		
	. Aloyandria	A 122212 1
	Alexandria V/	
Title or Position Treasurer		
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
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.	

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

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5(g) c	or(h). Joint Fundraisi r	ng Participant:		
0(9)		FOR CONGRESS	FEC ID number	C C00710103
		R JOSH MANDEL, INC.	FEC ID number	C C00494930
		SIE FOR CONGRESS	FEC ID number	C C00509729
		FOR CONGRESS	FEC ID number	C C00723916
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fun	ndraising Representativ	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in which	Telephone Number	
9.	Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in which	Telephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	CITY A pries: List all banks or other depositories in which	Telephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A pries: List all banks or other depositories in which	Telephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A pries: List all banks or other depositories in which	Telephone Number	

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

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5(g)	or(h). Joint Fundraisi r	ng Participant:		
		IAN FOR CONGRESS	FEC ID number	C C00633610
	BURGESS 4 U	TAH	FEC ID number	C C00725853
	3. MATT ROSEN	DALE FOR MONTANA	FEC ID number	C C00548289
	4. SALAZAR FOR	RCONGRESS	FEC ID number	C C00714261
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	re, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Join	t Fundraising Represent	tative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number - optional)		
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A Tories: List all banks or other depositories in which	STATE ▲ elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Tories: List all banks or other depositories in which	STATE ▲ elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail	CITY A Tories: List all banks or other depositories in which	STATE ▲ elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tories: List all banks or other depositories in which	STATE ▲ elephone Number	
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tories: List all banks or other depositories in which	STATE ▲ elephone Number	