Only

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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. Reagan for Congress 50 Church Street ADDRESS (number and street) PO Box 926 (Check if address is changed) Hayesville NC 28904 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Reagan2024@brmemc.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Reaganforcongress.com (Check if address is changed) DATE 03 2023 C00839613 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. Reagan, Christian, , Mr., Type or Print Name of Treasurer Reagan, Christian, , Mr., [Electronically Filed] 05 03 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	TYPE OF COMMITTEE:								
	Candidate 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. (Complete the candinformation below.)	didate							
	Name of Candidate Reagan, Christian, Shawn, Mr.,								
	Party Affiliation REP Sought: * House Senate President	State NC							
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.									
Name of Candidate									
	Party Committee:								
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party							
Political Action Committee (PAC):									
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:							
	Corporation Corporation w/o Capital Stock Labor Organiz	ation							
	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 par 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.)								
(g) This committee is an independent expenditure-only political committee (Super PAC).									
In addition, this committee is a Lobbyist/Registrant PAC.									
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).								
	In addition, this committee is a Lobbyist/Registrant PAC.								
	Joint Fundraising Representative:								
	(i) 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.								
	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.								
	Committees Participating in Joint Fundraiser								
	1								

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W	rite or Type Committee Name					
	Reagan for Co					
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor			
	Mailing Address					
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Relationship: Connected	Organization	Leadership PAC Sponso			
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
	Reagan, Cl	nristian, , Mr.,				
	Full Name					
	Mailing Address	50 Church Street				
	-	PO Box 926				
		Hayesville NC 28904				
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲			
	Candidate/Treasurer		530 2857			
	Candidate Heastrei	Telephone number	- 2007			
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).					
	Full Name Reagan, Cl	nristian, , Mr.,				
	of Treasurer					
	Mailing Address	50 Church Street				
		PO Box 926				
		Hayesville NC 28904				
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Title or Position ▼					
	Candidate/Treasurer	Telephone number $\begin{bmatrix} 903 \\ \bot \bot \end{bmatrix}$ —	530 - 2857			

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Full Name Designated Agent							
Mailing Add	Iress						
			CITY ▲	STATE ▲	ZIP CODE ▲		
Title or Pos	sition ▼						
				Telephone number			
Banks or C safety depo	Other Depositor sit boxes or mai	ries: List all banks of intains funds.	or other depositories in wh	nich the committee deposits	funds, holds accounts, rents		
No. of B	od Books						
Name of Ba	ank, Depository,	etc.					
	Nantahala Bank						
Mailing Add	ress	102 Hwy 64 East					
		Hayesville		NC NC	28904		
			CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.							
	1				ı		
Mailing Add	ress						
			CITY ▲	STATE ▲	ZIP CODE ▲		

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1N Transaction ID:

Candidate ID H4NC11094

Form/Schedule: Transaction ID: