Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE 801 G STREET NW ADDRESS (number and street) (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@frcactionpac.org is changed) Optional Second E-Mail Address fec@langdonlaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.frcactionpac.org (Check if address is changed) DATE 05 2024 C00452383 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. Type or Print Name of Treasurer Tripodi, Paul,, 05 20 2024 Signature of Treasurer Tripodi, Paul, , , 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 Use

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

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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 information below.)	candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State
(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, e	etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
Corporation Corporation w/o Capital Stock Labor Org	ganization
Membership Organization Trade Association Cooperati	ve
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 committee. (i.e., nonconnected committee)	fund or party
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	S).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1. C	

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Write	or	Type	Committee	Name
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		- ACHONI OLIHOAL	

6.	Name of Any Connected Or	ganization, Affiliated Committee, J	oint Fundraising Repre	esentative, or Lea	dership PAC Sponsor
	Family Research Cou	uncil Action			
	1				1
	Mailing Address	801 G Street, NW			
		Washington		DC 200	001
		CITY ▲		STATE A	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organizatio	n Joint Fundraising	Representative	Leadership PAC Sponsor
		_	_		_
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number -	- optional) and position o	f the person in pos	session of committee
	T: " D				
	Tripodi, Par	JI, , ,			
		801 G Street NW			
	Mailing Address				
		Washington		DC 200	001
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber 202	393 2100
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional assistant treasurer).) of the treasurer of the	committee; and th	ne name and address of
	Full Name Tripodi, Par	ul, , ,			
	of Treasurer				
	Mailing Address	801 G Street NW			
		Washington		DC 200	001
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼	OII 1 =		0.7.1.L <u>-</u>	211 00DL -
	Treasurer		Telephone num	ber 202	
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	Full Name of Designated Agent		
N	Mailing Address		
		CITY ▲ STATE	ZIP CODE ▲
Т	Title or Position ▼	7	
Ĺ		Telephone number	
		Depositories: List all banks or other depositories in which the committee deposes or maintains funds.	osits funds, holds accounts, rents
N	lame of Bank, D	Depository, etc.	
		Huntington National Bank	
Ν	Mailing Address	150 Central Avenue	
		Holland	
		CITY ▲ STATE	ZIP CODE ▲
N	lame of Bank, D	Depository, etc.	
		Truist	
M	Mailing Address	1909 K Street NW	
		Washington	
		CITY A STATE	ZIP CODE ▲