PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) FROGMAN PAC 11972 GREY OAKS PARK RD. ADDRESS (number and street) (Check if address is changed) **GLEN ALLEN** 23059 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS margee@sageadvisorygroup.co (Check if address is changed) Optional Second E-Mail Address staci@sageadvisorygroup.co COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 10 24 2022 C00809012 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. Clancy, Mary, , , Type or Print Name of Treasurer Clancy, Mary, , , [Electronically Filed] 10 2022 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. **FEC FORM 1**

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Co	mplete the candidate information below.)
(b) This committee is an authorized committee, and is NO information below.)	T a principal campaign committee. (Complete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House	See Senate President District
(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) or	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its connected organization is a
Corporation	ation w/o Capital Stock Labor Organization
Membership Organization Trade A	Association Cooperative
In addition, this committee is a Lobbyist/Regi	strant PAC.
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	ral candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Regi	strant PAC.
In addition, this committee is a Leadership P	AC. (Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only pol	itical committee (Super PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
(h) This committee is a political committee with both contr	bution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising committees/organizations, at least one of which is an a	expenses and disburses net proceeds for two or more political authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising committees/organizations, none of which is an authorize	expenses and disburses net proceeds for two or more political ed committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1. [C
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FEC Form	1 (Revised 02/2009)	Page 3
Write or Type Cor		
FROGN	MAN PAC	
-	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L EN VICTORY FUND	eadership PAC Sponsor
Mailing Addres	11972 GREY OAKS PARK RD.	
	GLEN ALLEN	23059
	CITY ▲ STATE ▲	ZIP CODE ▲
Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponse
	_ common of games and comm	
Custodian of F books and reco	Records: Identify by name, address (phone number optional) and position of the person in pords.	ossession of committee
	Clancy, Mary, , ,	
Full Name		
Mailing Addres	11972 Grey Oaks Park Rd.	
	Glen Allen , VA , , ;	23059
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	n ▼	
Treasurer	Telephone number	_ _ _ _ _ _ 6167
	the name and address (phone number optional) of the treasurer of the committee; and agent (e.g., assistant treasurer).	the name and address of
	Clancy, Mary, , ,	
Full Name of Treasurer		
	∣11972 Grey Oaks Park Rd.	
Mailing Addres	S	
	Glen Allen	23059
	CITY ▲ STATE ▲	71D CODE A
		ZIP CODE ▲
Title or Position	n ▼	ZIP CODE A

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Full Name of Designated Agent	Goede, Staci, , ,		
Mailing Address	7816 Rose Garden Ln.		
	Springfield	VA 22153	
Title or Desition	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position		nber	371 5852
	Depositories: List all banks or other depositories in which the committe xes or maintains funds.	e deposits funds, hold	ds accounts, rents
Name of Bank, D	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin Ave.		
	McLean	VA 22101	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page _____ **of** _____

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	I Organization, Affiliated Committee, Joint Fund	draising Representativ	re, or Leadership PAC Spon
Mailing Address	PO BOX 565		
	PRAIRIE DU CHIEN	wi	53821
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	tative Leadership PAC S
	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A