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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. Alex Mooney for Congress PO Box 1863 ADDRESS (number and street) (Check if address is changed) Martinsburg 25402 WV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michaeljhough@comcast.net (Check if address is changed) Optional Second E-Mail Address james@gopcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) mooneyforcongress.com (Check if address is changed) DATE 05 2019 C00629949 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. DeHaven, Betty, , , Type or Print Name of Treasurer DeHaven, Betty,,, [Electronically Filed] 80 05 2020 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 F	orm 1 (Revised 02/2009) Page 2
	COMMITTEE
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate
(b)	information below.)
Name of Candidate	Mooney, Alex, X., Mr.,
Candidate	Office State
Party Affiliat	tion REP Sought: X House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	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 part 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.)
Joint Fun	draising Representative:
(g)	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.
(h)	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.
Con	nmittees Participating in Joint Fundraiser
1.	
2.	FEC ID number
3.	FEC ID number
4	

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Write or Type Committee N		<u> </u>
Alex Mooney	for Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Americans for Legis	slative Excellence PAC	
	PO Box 1863	
Mailing Address		
	Martinsburg WV	25402
	CITY STAT	TE ZIP CODE
Relationship: Conne	ected Organization 🗶 Affiliated Committee 🔲 Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of t	he person in possession of committee
	ell, Hannah, , ,	
Full Name Mailing Address	PO Box 1863	
	Martinsburg	/ 25402
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	ittee; and the name and address of
Full Name DeHav	ren, Betty, , ,	
Mailing Address	PO Box 1863	
	Martinsburg WV	/
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	202 510 - 7545

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Full Name of Designated Agent	Appel, James, Phillip, ,		
Mailing Address	1809 Francis Ct		
	Annapolis	MD 21401	
Title or Position	CITY	STATE	ZIP CODE
Comptroller	Telephone no	umber 202 - [510 - 7545
	Depositories: List all banks or other depositories in which the comm	ittee deposits funds, ho	olds accounts, rents
Name of Bank, D	epository, etc.		
	Bank of Charles Town		
Mailing Address	111 E Washington St		
	Charles Town	WV 25414	
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
	Capital One Bank		
Mailing Address	4825 Cordell Avenue		
	Bethesda	MD 20814	
	CITY	STATE	ZIP CODE

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

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5(q)	or(h). Joint Fundraisin	g Participant:		
(3)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mooney Victory F	und		
	Mailing Address	C/O Red Curve Solutions		
		138 Conant St 2nd Floor		
		Beverly	MA I	01915
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	1	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A	lephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY A Teles: List all banks or other depositories in which t	lephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail	CITY A Teles: List all banks or other depositories in which t	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail.	CITY A Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which to intains funds. Fargo Bank	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which to intains funds. Fargo Bank	lephone Number	

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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		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		T EO 15 Hamber	0
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Take Back the Ho	ouse 2020		
l			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Jacob Joseph Jo	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
Connecte		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	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: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety 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
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety 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