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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) Contiem Federal PAC 901 N Stuart Street ADDRESS (number and street) Suite 1200 (Check if address is changed) Arlington 22203 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS leo@potadv.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00696799 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Clark, Leo, Thomas, Mr., Type or Print Name of Treasurer Clark, Leo, Thomas, Mr., [Electronically Filed] 07 01 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 Only

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2				
TYPE OF COMMITTEE:					
ndidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate in	nformation below.)				
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	n committee. (Complete the candidate				
Name of Candidate					
Candidate Office Sought: House Senate	State President District				
(c) This committee supports/opposes only one candidate, and is NOT an authorize					
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) X This committee is a separate segregated fund. (Identify connected organization	on on line 6.) Its connected organization is a				
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 N committee. (i.e., nonconnected committee)	IOT a separate segregated 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	oution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
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. [, , , , , , , , , , , , , , , , , ,	C				
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V	Vrite or Type Committee Name Contiem Feder		
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	Contiem		
	Mailing Address	180 Admiral Cochrane Drive	
		Suite 305	
		Annapolis	401
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person in pos	session of committee
	Clark, Leo,	Thomas, Mr.,	
	Full Name		
	Mailing Address	901 N Stuart Street	
		Suite 1200	
		Arlington VA 222	203
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	547 4192
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
		Thomas, Mr.,	
	of Treasurer	204.11.01	
	Mailing Address	901 N Stuart Street Suite 1200	
		Arlington VA 222	203
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	202 Telephone number 202	_ 547 _ 4192

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Full Name of Designated Agent	Clinkenbeard, Kirk, L., ,				
Mailing Address	901 N Stuart Street				
	Suite 1200		1		
	Arlington	VA 2220	3		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Title or Position ▼ Assistant Treasure	er i	Felephone number 202 -	547 - 4192		
Banks or Other I safety deposit box	Depositories: List all banks or other depositories in which tes or maintains funds.	n the committee deposits funds, ho	lds accounts, rents		
Name of Bank, De	epository, etc.				
I	Bank of America				
Mailing Address	201 Pennsylvania Ave SE				
	Washington	DC 20003	·		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
ı					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		