FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPLACEMENTS LTD PAC PO BOX 26029 ADDRESS (number and street) (Check if address is changed) **GREENSBORO** 27420 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address legal@replacements.com is changed) Optional Second E-Mail Address david.boaz@replacements.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.replacementsltdpac.org (Check if address is changed) DATE 2006 C00427849 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. Type or Print Name of Treasurer Boaz, David,, Date 01 18 2024 Signature of Treasurer Boaz, David, , , 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 candidat information below.)					
	Candidate Office Party Affiliation 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	tc.) 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 Corporation w/o Capital Stock Labor Orga	anization			
	Membership Organization Trade Association Cooperative	'e			
	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 to committee. (i.e., nonconnected committee)	und 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).			
	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					
	1C				

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V	Vrite or Type Committee Name REPLACEMENT	S LTD PAC			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	Replacements, Ltd.		1		
		PO Box 26029			
	Mailing Address				
		Greensboro	27420		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	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.				
	Boaz, David	,,,			
	Full Name	DO Day 20000			
	Mailing Address	PO Box 26029			
		<u> </u>			
		Greensboro NC	27420		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number	697 3000		
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and essistant treasurer).	I the name and address of		
	Full Name Boaz, David	,,,			
		PO Box 26029			
	Mailing Address				
		Greensboro	27420		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	336 Telephone number			

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Full Name of Designated Agent	Spainhour, R, Andrew, ,				
Mailing Address	PO Box 26029				
	Greensboro	NC NC	27420		
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
Assistant Treas	urer	none number 336	_ _ 697		
	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
Name of Bank,	Name of Bank, Depository, etc.				
	Wells Fargo				
Mailing Address	300 North Greene St.				
	Greensboro	NC I	27401		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		