Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Anna Paulina Luna for Congress 1201 Gandy Blvd N ADDRESS (number and street) P.O. Box 23064 (Check if address is changed) Saint Petersburg 33742-8001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address dsatterfield@hdafec.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.voteannapaulina.com/ (Check if address is changed) DATE 2024 C00718239 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 Satterfield, David, , Satterfield, David, , , Date 04 16 2024 Signature of Treasurer 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

EC Form 1	(Revised 03/2022) Page 2
TYPE OF	COMMITTEE:
Candida	ate Committee:
(a) X	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 candidate information below.)
Name o Candida	Taulila Lulia, Allia,
Candida Party A	ffiliation REP Sought: X House Senate President
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi	
Party Co	ommittee: This committee is a (National, State (Democratic, or subordinate) committee of the 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 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 party 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.)
(g)	This committee is an independent expenditure-only political committee (Super PAC).
(3)	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 Fu	undraising 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.
(j)	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.
Comm	nittees Participating in Joint Fundraiser

	FEC Form 1 (Revised	02/2009)	Page 3
٧	Vrite or Type Committee Nam	ne	
	Anna Paulina L	una for Congress	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
	APL Victory Fund		
	Mailing Address	1201 Gandy Blvd N P.O. Box 23064	
		Saint Petersburg	'L 33742- 31742-
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connecte	ed Organization Affiliated Organization X Joint Fundraising Rep	presentative Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
	Satterfiel Full Name	ld, David, , ,	
	Mailing Address	228 S Washington Street Suite 115	
		Alexandria	'A
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	703 - 549 - 7705
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the con, assistant treasurer).	nmittee; and the name and address of
	Full Name Satterfiel of Treasurer	ld, David, , ,	
	Mailing Address	228 S Washington Street	
		Suite 115	
		Alexandria	VA 22314-5404
	Title on Dealth	CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼ Treasurer	Telephone number	703 - 549 - 7705

Full Name of Dasignated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telep	FEC Form 1	(Revised 02/2009)	Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number	Designated		
Title or Position ▼ 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, Depository, etc. Chain Bridge Bank	Mailing Address		
Title or Position ▼ 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, Depository, etc. Chain Bridge Bank			
Title or Position ▼ 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, Depository, etc. Chain Bridge Bank			
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, Depository, etc. Chain Bridge Bank Malling Address A45-A Laughlin Avenue CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. Middletown Valley Bank Mailing Address PO Box 75 Middletown MD 21769 MD 21769	Title on Decition =		ZIP CODE ▲
Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address Ads-A Laughlin Avenue CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Middletown Valley Bank Mailing Address Address Middletown MD 21769	Title or Position		
Chain Bridge Bank Mailing Address 445-A Laughlin Avenue	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, ho see or maintains funds.	lds accounts, rents
Mailing Address Mailing Address 445-A Laughlin Avenue	Name of Bank, D	epository, etc.	
McLean CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Middletown Valley Bank Mailing Address PO Box 75 Middletown MD 21769	Mailing Address		
Name of Bank, Depository, etc. Middletown Valley Bank Mailing Address PO Box 75 Middletown MD 21769 MD 21769	Mailing Address		
Name of Bank, Depository, etc. Middletown Valley Bank Mailing Address PO Box 75 Middletown MD 21769		McLean VA 22101	
Mailing Address 24 W Main St		CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address 24 W Main St PO Box 75 Middletown MD 21769 —	Name of Bank, D	epository, etc.	
Middletown MD 21769 —		Middletown Valley Bank	
Middletown	Mailing Address	24 W Main St	
		PO Box 75	
CITY ▲ STATE ▲ ZIP CODE ▲		Middletown MD 21769	
		CITY ▲ STATE ▲	ZIP CODE ▲

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h). Joint Fundrais	ng raiticipant.		
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2.		FEC ID number	С
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ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
ALLIAO			
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
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(h). Joint Fundraisi	ng Participant:		
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2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
		,	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Protect the House 20)24 		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
esignated Agent: Identif			ative Leadership PAC Spo
Pesignated Agent: Identif			ative Leadership PAC Spo
Pesignated Agent: Identif			ative Leadership PAC Spo
Pesignated Agent: Identif	fy by name, address (phone number – optional)		Leadership PAC Spo
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)		
Pesignated Agent: Identification of the Full Name Mailing Address TITLE OR POSITION Canks or Other Depositor	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the same of Bank, Wells	cories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents
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h). Joint Fundraisi	ng Participant:		
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2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	ndraising Representativ	e, or Leadership PAC Spon
Scalise Leadership F	Fund 2024		
Mailing Address	320 1st St SE		
	1		
	Washington	DC	20003-1838
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
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American Battlegroun	d Fund		
1			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X	Joint Fundraising Represent	ative Leadership PAC Spon
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esignated Agent: Identify Full Name	by name, address (phone number – optiona	al)	
	by name, address (phone number – optional	al)	
Full Name	by name, address (phone number – optional	al)	
Full Name	by name, address (phone number – optional	al)	
Full Name	CITY A	STATE	ZIP CODE A
Full Name	CITY A		ZIP CODE A