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STATEMENT OF **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. Republican Accountability PAC 1100 Vermont Ave NW ADDRESS (number and street) 10th Floor (Check if address is changed) Washington DC 20005-2303 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS outsourcing@aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ra-pac.org (Check if address is changed) DATE 2023 C00804856 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. Longwell, Sarah, , , Type or Print Name of Treasurer Longwell, Sarah, , , [Electronically Filed] 03 29 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

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. TYPE OF COMMITTEE:						
andidate 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. (Compinformation below.)	olete the candidate					
Name of Candidate						
Candidate Office House Senate President	State t 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	nocratic, ublican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:					
Corporation Corporation w/o Capital Stock	abor 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 seg committee. (i.e., nonconnected committee)	gregated 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 accounts (Hy	/brid 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 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						
C						

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V	rite or Type Committee Nam	countability PAC			
6.	Name of Any Connected	Organization, Affiliated Committee, Joi	int Fundraising Repr	esentative, or L	eadership PAC Sponsor
	None				
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponso
:	Custodian of Records: Ider books and records.	ntify by name, address (phone number o	optional) and position o	of the person in p	ossession of committee
	Stoltzfus,	Patrick, , ,			
	Full Name				
	Mailing Address	1100 Vermont Ave NW			
		10th Floor			
		Washington		DC	20005-6327
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone nun	nber 202	
	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the	e committee; and	I the name and address of
	Full Name Longwell,	Sarah, , ,			
	of Treasurer				
	Mailing Address	1100 Vermont Ave NW			
		10th Floor			
		Washington		DC	20005-6327
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	nber 202	

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Full Name of Designated Agent	Stoltzfus, Patrick, , ,		
Mailing Address	1100 Vermont Ave NW		
	10th Floor		
	Washington	DC 20	0005-6327
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	ephone number 202	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which t xes or maintains funds.	he committee deposits funds,	holds accounts, rents
Name of Bank, D	Depository, etc.		
	Bank of America		
Mailing Address	P.O. Box 25118		
	Tampa 	FL 33	622-5118
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC' 5 'F9 DCF HŽ G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

updating address and email

Form/Schedule: Transaction ID: