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STATEMENT OF ORGANIZATION

FEC FORM 1	STATEMENT ORGANIZATIO	_	Offi	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)		mple:If typing, type the lines.	12FE4M5	
Be Better Americ				
ADDRESS (number and street)	PO Box 659			
 (Check if address is changed) 				
	Huntingdon Valley └────────────────────────────────────		PA 1900 STATE ▲	06
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	bbapac@cc.electioncfo.com			
	Optional Second E-Mail Address brenda@electioncfo.com			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 06 / 0	7 / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	UMBER ► C C0081752	8		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best of my I	knowledge and belief it is	true, correct and	complete.
Type or Print Name of Treasure	er Hankins, Brenda, , ,			
Signature of Treasurer	ins, Brenda, , ,	[Electronically Filed]	Date 06	07 / Y Y Y Y 07 2022
NOTE: Submission of false, erron	eous, or incomplete information may sut ANY CHANGE IN INFORMATION SH			penalties of 52 U.S.C. §30109
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presiden	Statet District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(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:	

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) 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 (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2.

Relationship:

-	FEC Form 1 (Revised 0	2/2009)					Page 3
۷	Vrite or Type Committee Name						
	Be Better Ame	rica PA	С				
6.	Name of Any Connected O	rganization, <i>I</i>	Affiliated Cor	mmittee, Joir	t Fundraising Represe	entative, or Leade	rship PAC Sponsor
	Mailing Address						
			С	ITY 🔺	S	TATE 🔺	ZIP CODE

Connected Organization		Affiliated Organization		Joint Fundraising Representative		Leadership PAC Sponsor
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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Marston, C	hris, , ,			
Full Name				
Mailing Address	PO Box 26141			
	Alexandria			3
	CITY	Y 🔺	STATE A	ZIP CODE
Title or Position ▼				
Asst Treasurer		Telephone	number	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Hankins, Brenda, , ,
of Treasurer	
Mailing Address	PO Box 26141
	Alexandria VA 22313
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Telephone number

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Full Name of Designated Agent	Marston, Chris, , ,	
Mailing Address	PO Box 26141	
	Alexandria VA 22313	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Asst Treasurer	Telephone number	

9. 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.

	Bank			
Mailing Address	2275 Research Blvd			
	Ste 600			
	Rockville		MD 2085	0
		CITY ▲	STATE A	ZIP CODE
Name of Bank, Depository,	etc.			
Mailing Address				
		CITY ▲	STATE A	ZIP CODE