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. Taxpayers Against Wokeness PO Box 297 ADDRESS (number and street) (Check if address is changed) Rodanthe 27968 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address liz@lizcurtisassociates.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2024 C00865238 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 Denn, Stella,, Date 03 01 2024 Signature of Treasurer Denn, Stella,,, 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 candid information below.)					
Name of Candidate					
Candidate Office	State				
Party Affiliation Sought: House Senate P	President District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	ttee.				
Name of Candidate					
Party Committee:	(Dama austin				
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6) Corporation Corporation Wo Capital Stock Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate 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).	Labor Organization Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC. (h) This committee is a political committee with both contribution and non-contribution account addition, this committee is a Lobbyist/Registrant PAC.	unts (Hybrid PAC).				
Joint Fundraising Representative:					
This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, at least one of which is an authorized committee of a federal	·				
(1)	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					

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W	Irite or Type Committee Name				
	Taxpayers Agair				
6.		rganization, Affiliated Committee, Joint F	undraising Repre	esentative, or Leader	ship PAC Sponsor
	NONE				
	Mailing Address				
		1			-
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	Representative	Leadership PAC Sponsor
	Ticiationship.	Annatod Organization	Don't Tundraising	riopresentative	Leadership 1 Ao oponsol
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number option	nal) and position o	f the person in possess	sion of committee
	Denn, Stell	la, , ,			
	Full Name				
	Mailing Address	441 N Lee St			
		Ste 100			
		Alexandria		VA 22314	
		CITY ▲		STATE A	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	nber 609 - [433 - 8620
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the	committee; and the n	ame and address of
	Full Name Denn, Stell	la			
	of Treasurer				
	Mailing Address	441 N Lee St			
		Ste 100			
		Alexandria		VA 22314	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	nber 609 - [433 - 8620

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Full Name of Designated	,		1.92				
Agent							
Mailing Address							
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲				
	Teleph	one number	-				
Banks or Other D safety deposit boxe	epositories: List all banks or other depositories in which the es or maintains funds.	committee deposits funds	, holds accounts, rents				
Name of Bank, De	Name of Bank, Depository, etc.						
L	Chain Bridge Bank						
Mailing Address	1445A Laughlin Ave	1 1 1 1 1 1 1					
	McLean	VA 2	2314				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				