Only

STATEMENT OF

PAGE 1 / 4

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. National Republican Redistricting PAC 2308 Mount Vernon Ave #725 ADDRESS (number and street) (Check if address is changed) Alexandria 22301 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.republicanredistricting.org/ (Check if address is changed) DATE 29 2020 C00747279 FEC IDENTIFICATION NUMBER 3. 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. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 05 29 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 4go 2
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFO Farms 4 (Paris and	00/2000)	Dawa 2
FEC Form 1 (Revised Write or Type Committee Name		Page 3
• •	olican Redistricting PAC	
•	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	ZIP CODE
Relationship: Connected	d Organization	dership PAC Sponsor
_		
. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Hankins, E	Branda	
Full Name		
Mailing Address	PO Box 26141	
	Alexandria VA 22313	
Title or Position	CITY STATE Z	ZIP CODE
Assistant Treasurer		
 Treasurer: List the name an any designated agent (e.g., a 	d address (phone number optional) of the treasurer of the committee; and the names assistant treasurer).	ne and address of
Full Name Marston, C	Chris, , ,	1
of Treasurer	PO Box 26141	
Mailing Address		
	L Alexandria	
	Alexandria VA 22313 CITY STATE Z	IP CODE
Title or Position Treasurer	Telephone number	

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Depo safety deposit boxes o Name of Bank, Depos		
safety deposit boxes o Name of Bank, Depos		20006
safety deposit boxes o Name of Bank, Depos	gle Bank 2001 K St NW	20006 ZIP CODE
safety deposit boxes o Name of Bank, Depos	gle Bank 2001 K St NW Washington CITY STATE	
safety deposit boxes o Name of Bank, Depos Ea Mailing Address	gle Bank 2001 K St NW Washington CITY STATE	
safety deposit boxes o Name of Bank, Depos Ea Mailing Address	gle Bank 2001 K St NW Washington CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	gle Bank 2001 K St NW Washington CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	gle Bank 2001 K St NW Washington CITY STATE	