Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Principles Project PAC 2800 Shirlington Road, Ste. 1201 ADDRESS (number and street) (Check if address is changed) Arlington 22206 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@langdonlaw.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.app-pac.com (Check if address is changed) DATE 02 2020 C00544387 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. Langdon, David, R.,, Type or Print Name of Treasurer Langdon, David, R.,, [Electronically Filed] 09 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt 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.		

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Write or Type Committee Nam		
American Princ	ciples Project PAC	
	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponso
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of	the person in possession of committee
Dawson,	Kevin, , ,	
Mailing Address	2800 Shirlington Road, Ste. 1201	
Mailing Address		
	Arlington	22206
Title or Position	CITY STAT	E ZIP CODE
Custodian of Records	Telephone number	
3. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
Full Name Langdon, of Treasurer	David, R., ,	
Mailing Address	2800 Shirlington Road, Ste. 1201	
	Arlington	
Title or Position	CITY STATE	E ZIP CODE
Treasurer	Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I		
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	ZIP CODE