

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CONSERVATIVE LEADERSHIP IN ELECTIONS PAC

ADDRESS (number and street)

P.O. BOX 1048

(Check if address is changed)

LEESBURG

CITY ▲

VA

STATE ▲

20177

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

LAURAKBELLMC@GMAIL.COM

Optional Second E-Mail Address

CPARANA@POLITICALCOMPLIANCE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

09 / 19 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00798025

4. 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.

Type or Print Name of Treasurer MCMENAMIN, LAURA, , ,

Signature of Treasurer MCMENAMIN, LAURA, , ,

Date

09 / 25 / 2023

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 Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. 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 candidate information below.)

Name of Candidate

Candidate Party Affiliation Office Sought: House Senate President State 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 (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.) Its connected 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) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid 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 two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) 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.

2.

C

C

Write or Type Committee Name

CONSERVATIVE LEADERSHIP IN ELECTIONS PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CLINE, BENJAMIN, LEE, ,

[Grid for name continuation]

Mailing Address P.O. BOX 797

[Grid for address continuation]

Fincastle VA 24090

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name MCMENAMIN, LAURA, , ,

Mailing Address 40898 SPECTACULAR BID PLACE

[Grid for address continuation]

LEESBURG VA 20176

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 703 - 887 - 3988

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 of Treasurer MCMENAMIN, LAURA, , ,

Mailing Address 40898 SPECTACULAR BID PLACE

[Grid for address continuation]

LEESBURG VA 20176

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 703 - 887 - 3988

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

ATLANTIC UNION BANK

[Empty grid for Name of Bank, Depository, etc. line 1]

Mailing Address

2101 FOREST AVENUE

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

BUENA VISTA

[Empty grid for Mailing Address line 3]

VA

[Empty grid for Mailing Address line 3]

24416

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Truist/BB&T

[Empty grid for Name of Bank, Depository, etc. line 1]

Mailing Address

1445 New York Ave NW

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Washington

[Empty grid for Mailing Address line 3]

DC

[Empty grid for Mailing Address line 3]

20005

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

HOUSE CONSERVATIVES FUND

Mailing Address 228 S. Washington St., STE 115

Alexandria VA 22314

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ 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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲