PAGE 1/5

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. Republicans for Choice PAC 3213 Duke St. ADDRESS (number and street) # 808 (Check if address is changed) Alexandria 22314-VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aews@aol.com (Check if address is changed) Optional Second E-Mail Address rfcvictory@aol.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00241083 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. Stone, Ann, , , Type or Print Name of Treasurer Stone, Ann,,, [Electronically Filed] 03 18 2019 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 Only 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.)	lete 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)		NIAT " '	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 conn	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 seg	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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.		

FEC Form 1 (Revis	ed 02/2009)	Page <b>3</b>
Write or Type Committee N		
Republicans f	or Choice PAC	
•	d Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Represen	ntative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee
Stone,	Ann, , ,	
	5226 Winter View Dr	
Mailing Address		
	Alexandria	22312-3914
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	703 - 447 - 1404
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee.	ee; and the name and address of
Full Name Stone, of Treasurer	Ann, , ,	
Mailing Address	5226 Winter View Dr	
amily / dai 033		
	Alexandria	22312-3914   _
	CITY STATE	ZIP CODE
Title or Position Treasurer		703   -   447   -   1404

i		
FEC <b>For</b>	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
		1–1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit be	<b>r Depositories:</b> List all banks or other depositories in which the committee deposits funds, loxes or maintains funds.	Tiolas accounts, Tents
safety deposit be Name of Bank,	Depository, etc.  Branch Banking & Trust	
safety deposit be	Depository, etc.  Branch Banking & Trust	
safety deposit be Name of Bank,	Depository, etc.  Branch Banking & Trust  1717 King St.	
safety deposit be Name of Bank,	Depository, etc.  Branch Banking & Trust  1717 King St.	
safety deposit be Name of Bank,	Depository, etc.  Branch Banking & Trust  1717 King St.	
safety deposit be Name of Bank,	Depository, etc.  Branch Banking & Trust  1717 King St.  Alexandria  CITY  STATE	314
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Branch Banking & Trust  1717 King St.  Alexandria  CITY  STATE	314
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Branch Banking & Trust  1717 King St.  Alexandria  CITY  STATE	314 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Branch Banking & Trust  1717 King St.  Alexandria  CITY  STATE  Depository, etc.	314 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Branch Banking & Trust  1717 King St.  Alexandria  CITY  STATE  Depository, etc.	314 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Branch Banking & Trust  1717 King St.  Alexandria  CITY  STATE  Depository, etc.	314 ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Phone Number updated

Form/Schedule: Transaction ID: