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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. BIG RED LEADERSHIP PAC PO BOX 2485 ADDRESS (number and street) (Check if address is changed) SPRINGFIELD 22152 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BIGREDPAC@CONCENTRICOFFICE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2022 C00808121 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. CARLIN, ROBERT, F.,, Type or Print Name of Treasurer CARLIN, ROBERT, F.,, [Electronically Filed] 03 2022 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

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		E OF COMMITTEE				
	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	arty Committee:					
(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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund 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 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			
	Committees 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 Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı aye v
BIG RED LEADE	RSHIP PAC	
	nization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
L	CITY STATE	ZIP CODE
Relationship: Connected Or	ganization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
Custodian of Records: Identify books and records.	by name, address (phone number optional) and position of the	person in possession of committee
CARLIN, SUE	,,	
81	36 OLD KEENE MILL RD	
Mailing AddressS	ΓΕ A300	
S	PRINGFIELD VA	22152
Title or Position	CITY STATE	ZIP CODE
ASST. TREASURER	Telephone number	703 - 569 - 9481
Treasurer: List the name and ac any designated agent (e.g., assis	dress (phone number optional) of the treasurer of the committee stant treasurer).	e; and the name and address of
Full Name CARLIN, ROB	ERT, F., ,	
Mailing Address	D BOX 2485	
L		
S	PRINGFIELD	22152
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	703

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1.1
	Telephone number	
Mailing Address	TRUIST 1445 NEW YORK AVE, NW FL 4 WASHINGTON DC 20005	
	CITY STATE Z	ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE Z	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: