Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. BIRD FOR CONGRESS PO BOX 1776 ADDRESS (number and street) (Check if address is changed) ROOSEVELT 84066 UT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@AXCAPTEAM.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00851006 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 PHILLIPS, ROBERT, , , III PHILLIPS, ROBERT, , , III Date 01 10 2024 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:		
Candidate Committee:		
(a) X 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 information below.)	the candidate	
Name of Candidate BIRD, ROD, , , JR.		
Candidate Party Affiliation REP Office Sought: House Senate President	State UT District 03	
(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 Republic	atic, an, etc.) Party	
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:	
Corporation Corporation w/o Capital Stock Labo	r Organization	
Membership Organization Trade Association Coop	erative	
In addition, this committee is a Lobbyist/Registrant PAC.		
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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.)		
(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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
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		

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۷	Vrite or Type Committee Nam			
	BIRD FOR CON	NGRESS		
6.		Organization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leadership PAC Sponsor	
	NONE			
	Mailing Address			
		CITY ▲ ST	TATE ▲ ZIP CODE ▲	
	Relationship: Connecte	d Organization Affiliated Organization Joint Fundraising Re	epresentative Leadership PAC Sponso	
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of th	ne person in possession of committee	
	PHILLIPS Full Name	S, ROBERT, , , III		
	Mailing Address	555 METRO PL N		
		STE 525		
		DUBLIN	OH 43017	
		CITY ▲ ST	TATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	CUSTODIAN OF RECORDS	Telephone numbe	r 202 - 866 - 8229	
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 PHILLIPS	S, ROBERT, , , III		
	Mailing Address	555 METRO PL N		
	maming / toulooc	STE 525		
		DUBLIN	OH 43017	
		CITY ▲ ST	TATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	TREASURER	Telephone numbe	r 202 - 866 - 8229	

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Full Name of Designated Agent				
Mailing Address				
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲		
	Telephone number			
	Depositories: List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	holds accounts, rents		
Name of Bank, Depository, etc.				
	CHAIN BRIDGE BANK			
Mailing Address	1445A LAUGHLIN AVE			
	MCLEAN VA 22	101		
	CITY ▲ STATE ▲	ZIP CODE ▲		
Name of Bank, D	Depository, etc.			
Mailing Address				
	CITY ▲ STATE ▲	ZIP CODE ▲		