FEC FORM 1	STATEMEN ORGANIZA		c	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	ICE POLITICAL AC		E INC.	
ADDRESS (number and street)	10332 MAIN ST			
 (Check if address is changed) 	#264			
is changed)	FAIRFAX │ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		UA 220 STATE ▲	030 [ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
× (Check if address is changed)	LIZ@LIZCURTISASSOCIA	TES.COM		
	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE AL	DDRESS (URL)			
	02 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	IUMBER ► C co	00789933		
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	d complete.
Type or Print Name of Treasur	er CURTIS, ELIZABETH, , ,			
Signature of Treasurer CUI	RTIS, ELIZABETH, , ,		Date 04	/ D D / Y Y Y Y 02 / 2024
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing t TON SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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 information below.)	the candidate
	Name of Candidate	
	CandidateOfficeParty AffiliationSought:HouseSenatePresident	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democra Republication of the Republication of th	tic, in, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coope	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 segrega committee. (i.e., nonconnected committee)	ted 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) X 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).

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.

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

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Write or Type Committee Name	
CITIZENS ALLIANCE POLITICAL ACTION COMMITTEE INC.	

Mailing Address											1													
				1																				
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									СП	ΓY						ST	ATE				ZI	РC	DE	

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

CURTI	S, ELIZABETH, , ,
Full Name	
Mailing Address	441 N LEE ST
	STE 100
	ALEXANDRIA
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number 609 433 8620

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	CURTIS, ELIZABETH, , ,		
Mailing Address	441 N LEE ST		
	STE 100		
		VA 22314	
		STATE 🔺	ZIP CODE
Title or Position	•		
		Telephone number	433 - 8620

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Full Name of Designated Agent			1				1	1	1	1		1	1	1				1		1	1		1				1		1
Mailing Address																													
							CI	ΤY										:	ST/	ΑΤΕ				Z	РC		ЭE		
Title or Position ▼																													
													-	Tele	eph	one	e n	umt	ber				- [

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	1445A LAUGHLIN AVE		
			1
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY A	STATE A	ZIP CODE ▲