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STATEMENT OF ORGANIZATION

FORM 1			_/ \ \						Office	Use Onl	v		
1. NAME OF COMMITTEE (in f	ull)	(Check if name is changed)		mple:If typing the lines.	g, type	12	FE4	M5			<u>y</u>		
Conservative	s for Cla	ark										1 1	
											<u> </u>		
ADDRESS (number and		570 CR 642											
(Check if ad is changed)	dress												
	Ľ	Hondo └ │ │ │ │ │ │ │ │ │ │ CITY ▲				LTX STA	X ⊥ ATE ▲	Ľ	78861	ZIF	 P COD	 E ▲	
COMMITTEE'S E-MAIL	_ ADDRESS												
(Check if ad is changed)	dress	liz@lizcurtisassociates.co	om										
. .	C	Optional Second E-Mail A	Address										
	L												
COMMITTEE'S WEB F (Check if ad is changed)							 						
2. DATE 12	/ D D D 26	/ Y Y Y Y 2023											
3. FEC IDENTIFICA	TION NUM	BER ► C	C0083470	5									
4. IS THIS STATEME		NEW (N) OR	×	AMEND	ED (A)								
I certify that I have exa	amined this	Statement and to the be	st of my l	knowledge an	id belief it	t is tru	e, cor	rect a	ind co	mplete.			
Type or Print Name of	Treasurer	Curtis, Elizabeth, , ,											
Signature of Treasurer	Curtis, E	lizabeth, , ,				Date	Ľ	12	1	26		2023	Y
NOTE: Submission of fa		s, or incomplete informatio								nalties o	f 52 U.	.S.C. §	30109
Office Use Only				For further int Federal Electio Toll Free 800-4 Local 202-694-	n Commissi 124-9530					EC FO			

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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 Clark, Julie, , , Candidate	
Candidate Party Affiliation REP Office Sought: X House Senate President	State TX District 23
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate Image: Committee: Party Committee: (National, State or subordinate) committee of the (Democratic description of the description of t	ratic, can, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	or Organization
Membership Organization Trade Association Coop	perative
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)	jated 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 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.

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Write or Type Committee Name	
Conservatives for Clark	

6.	Name of Any Connected C	organization, Affil	iated Committee, Joint Fu	Indraising Representative,	or Leadership PAC Sponsor
	Mailing Address				
			CITY 🔺	STATE ▲	ZIP CODE
	Relationship: Connected	Organization	Affiliated Organization	Joint Fundraising Represent	ative 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.

Curtis	s, Elizabeth, , ,
Full Name	
Mailing Address	441 N Lee St
	Ste 100
	Alexandria VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	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	Curtis, Elizabeth, , ,
of Treasurer	
Mailing Address	441 N Lee St
	Ste 100
	Alexandria VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number 609 433 - 8620

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	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.

	Chain Bridge Bank		
Mailing Address	1445A Laughlin Ave		
	McLean	VA 2210	
	CITY A	STATE A	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲