Only

PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. OORAH! POLITICAL ACTION COMMITTEE PO BOX 3743 ADDRESS (number and street) (Check if address is changed) CARMEL 46082 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JWUSLICH@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address OORAHPAC@BROGHAMERLLC.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.OORAHPAC.COM (Check if address is changed) DATE 05 2021 C00551853 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. WUSLICH, JEFF, , , Type or Print Name of Treasurer WUSLICH, JEFF, , , [Electronically Filed] 05 2021 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	. 0,50 -
(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. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee: (National, State	(Democratic
(d)		This committee is a committee of the committee of the	(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 cor	nnected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated 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.)	
Joir	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		
	→.		

		l
FEC Form 1 (Revised		Page 3
Write or Type Committee Name		
OORAH! POLI	FICAL ACTION COMMITTEE	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
YOUNG VICTORY CO	DMMITTEE	
	PO BOX 3743	
Mailing Address		
	CARMEL IN 46082	
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
WUSLICH	ł, JEFF, , ,	ı
Full Name	PO BOX 3743	
Mailing Address		
	CARMEL , IN , 46082	
	CARMEL IN 46082	
Title or Position	CITY STATE ZII	P CODE
TREASURER	Telephone number	
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name WUSLICH of Treasurer	, JEFF, , ,	
Mailing Address	PO BOX 3743	
	CARMEL	
Title or Position	CITY STATE ZIF	CODE
TREASURER	Telephone number	

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	BROGHAMER, KEVIN, , ,	
Mailing Address	PO BOX 3743	
	CARMEL IN 46082 CITY STATE ZI	
Title or Position ASSISTANT TF	REASURER Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.	accounts, rents
Name of Bank,	CHAIN BRIDGE BANK	
Name of Bank, Mailing Address	CHAIN BRIDGE BANK	
	CHAIN BRIDGE BANK	
	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN VA 22101	IP CODE
	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE ZI	P CODE
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE ZI Depository, etc.	P CODE
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE ZI Depository, etc. BANK OF AMERICA 600 N WASHINGTON ST	P CODE
Mailing Address Name of Bank,	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE ZI Depository, etc. BANK OF AMERICA 600 N WASHINGTON ST	P CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundr LITICAL ACTION COMMITTEE	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 3743		
	CARMEL		46082
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the series of the serie	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

CARMEL CITY STATE ZIP COnnected Organization Affiliated Committee Joint Fundraising Representative Leadership of the committee of the	(h). Joint Fundraisi	•			
FEC ID number FEC ID number C Cited Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA DD CHRISTOPHER, , , PO BOX 3743 CARMEL CITY A STATE A ZIP CO nected Organization Affiliated Committee Joint Fundraising Representative Leadership PA STATE A ZIP CO nected Organization Affiliated Committee Joint Fundraising Representative	1.		FEC ID nur	nber C	
FEC ID number C cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA DD CHRISTOPHER, , , PO BOX 3743 CARMEL CITY A STATE A ZIP CO mected Organization Affiliated Committee Joint Fundraising Representative Leadershi dentify by name, address (phone number – optional)	2.		FEC ID nur	nber C	
cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PADD CHRISTOPHER, , , PO BOX 3743 CARMEL CITY A STATE A ZIP COMMETTED IN STATE A STATE A Leadership PADD CHRISTOPHER, , ,	3.		FEC ID nur	nber C	
PO BOX 3743 CARMEL CITY A STATE A ZIP CO nected Organization Affiliated Committee Joint Fundraising Representative X Leadershi dentify by name, address (phone number – optional)	4.		FEC ID nur	nber C	
PO BOX 3743 CARMEL CITY A STATE A ZIP CO nected Organization Affiliated Committee Joint Fundraising Representative X Leadershi dentify by name, address (phone number – optional)					
CARMEL CITY STATE STATE ZIP CO Decided Organization Affiliated Committee Joint Fundraising Representative Leadershi dentify by name, address (phone number – optional)	-	=	undraising Represe	ntative, c	or Leadership PAC Spons
CARMEL CITY STATE ZIP CO Deceted Organization Affiliated Committee Joint Fundraising Representative Leadershi Joint Fundraising Representative	YOUNG, TODD	CHRISTOPHER,			
CARMEL CITY STATE ZIP CO Deceted Organization Affiliated Committee Joint Fundraising Representative Leadershi Joint Fundraising Representative					
CITY A STATE A ZIP COnnected Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	Mailing Address	PO BOX 3743			
CITY A STATE A ZIP COnnected Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)					
Affiliated Committee Joint Fundraising Representative Leadershi		CARMEL		IN	46082
dentify by name, address (phone number – optional)	Relationship:	CITY A	STA	TE 🛦	ZIP CODE ▲
CITY A STATE A ZIP COL	Connecte	ed Organization Affiliated Committee	Joint Fundraising Rep	resentative	e K Leadership PAC Sp
CITY A STATE A ZIP COL				resentative	e X Leadership PAC Sp
CITY A STATE A ZIP COI				resentative	Leadership PAC Sp
CITY A STATE A 7IP COI	esignated Agent: Identi			resentative	Leadership PAC Sp
CITY A STATE A ZIP COL	esignated Agent: Identi			resentative	Leadership PAC Sp
TION V	esignated Agent: Identi			resentative	Leadership PAC Sp
Telephone Number =	esignated Agent: Identi	fy by name, address (phone number – optiona	al)		Leadership PAC Sp
	resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona	al)		
ositori	esignated Agent: Identi				
	: Identi	fy by name, address (phone number – optional state of the control	STAT Telephone Number		ZIP CODE A
	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional state of the control	STAT Telephone Number		ZIP CODE A
s [Full Name Mailing Address	fy by name, address (phone number – optional state of the control	STAT Telephone Number		ZIP CODE A
s	Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the property of the position of the property of the position of the property of the propert	fy by name, address (phone number – optional state of the control	STAT Telephone Number	= A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	pries: List all banks or other depositories in aintains funds.	which the committee deposit	its funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.		which the committee deposit	its funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.		which the committee deposit	its funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma		which the committee deposi	its funds, holds accounts, rents
Banks or Other Deposito		which the committee deposi	its funds, holds accounts, rents
	vier Liet all hanks or other depositories in	which the committee decree	ite funde helde acceunte rente
TITLE OR POSITION			
TITLE OR POSITION		Telephone Number	
	▼ CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address			
Full Name			
	y by name, address (phone number – optic		
		★ Joint Fundraising Represent	
Relationship:	CITY A	STATE A	
	ALEXANDRIA	, VA ,	22314
Mailing Address	SUITE 700		
	901 N WASHINGTON ST		
	Organization, Affiliated Committee, Joint JNG VICTORY FUND	Fundraising Representative	ve, or Leadership PAC Sponso
4.		FEC ID number	C
		FEC ID number	C
3.		FEC ID number	С
3.			