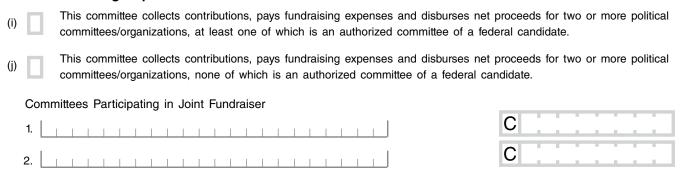
08/01/2023 09:08

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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	
Mountaineer					
		1228 S. Washington St			
ADDRESS (number a	nd street)				
(Check if a is changed		Ste 115			
	7	Alexandria CITY ▲		VA 22 STATE ▲	314 ZIP CODE ▲
COMMITTEE'S E-MA		S			
(Check if a is changed		llisker@hdafec.com			
J. J	,	Optional Second E-Mail Add tmoose@hdafec.com	ress		1
COMMITTEE'S WEB	address				
2. DATE 08		2023			
3. FEC IDENTIFIC	CATION NU	MBER ► C co	0847087		
4. IS THIS STATEN	IENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best of	of my knowledge and belief it i	is true, correct and	d complete.
Type or Print Name	of Treasurer	Lisker, Lisa, , ,			
Signature of Treasure	er Lisker	Lisa, , , ,		Date 08	/ D D / Y Y Y Y 01 2023
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 Use Only			For further information co 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. (Compleinformation below.)	te the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democratic committee is a or subordinate) committee of the (Democratic committee committee of the (Democratic committee	cratic, lican, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Coc	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
X 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	id PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



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V	Vrite or Type Committee Name	
	Mountaineer PAC	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor

MOORE, RILEY, , ,				1
Mailing Address	PO BOX 603			
	HARPERS FERRY		WV	25425
		CITY A	STATE ▲	ZIP CODE
Relationship: Connected	Organization Affilia	ated Organization	Joint Fundraising Representation	ve X 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.

Lisker, Li	sa, , ,
Full Name	
Mailing Address	228 S Washington St
	Ste 115
	Alexandria
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 703 - 549 - 7705

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	Lisker, Lisa, , ,
of Treasurer	
Mailing Address	228 S Washington St
	Ste 115
	Alexandria VA 22314 Image:
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 703 549 7705

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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	1445-A Laughlin Ave		
	McLean		
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY ▲	STATE A	ZIP CODE