Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Good Day PAC PO Box 10381 ADDRESS (number and street) (Check if address is changed) Pittsburgh 15234 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Darryl@CommonCentsConsulting.net (Check if address is changed) Optional Second E-Mail Address DJ@ConorLamb.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.conorlamb.com (Check if address is changed) DATE 2022 C00672667 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. Ryan, D., J., , Type or Print Name of Treasurer Ryan, D., J.,, [Electronically Filed] 04 26 2022 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

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	Corporation Corporation w/o 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)	gregated 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.)	
Joint F	undraising Representative:	
(g)	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.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

Good Day PAC Name of Any Connected C		
Name of Any Connected C		
, , , , , , , , , , , , , , , , , , ,	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
onor Lamb Victory F	und 	
	PO Box 10381	
Mailing Address		
	Pittsburgh PA 15234	
	CITY STATE	ZIP CODE
Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the person in pos	ssession of committ
Tattrie, Da	arryl, , ,	
Mailing Address	PO Box 10381	
	Pittsburgh PA 15234	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		295 7598
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ime and address of
Full Name Ryan, D., J	J., ,	
Mailing Address	PO Box 10381	
Mailing Address		
ivialility Address		
iviailing Address	Pittsburgh	

	m 1 (Revised 02/2009)	
Full Name of		
Designated Agent	Tattrie, Darryl, , ,	
Mailing Address	PO Box 10381	
	Pittsburgh PA 15	234
	CITY STATE	ZIP CODE
Title or Position Asst. Treasurer	. Telephone number	- -
Banks or Other safety deposit be	Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds.	, holds accounts, rents
Name of Bank,	Depository, etc.	
Name of Bank,	Depository, etc. PNC Bank 437 Grant St	
-	Depository, etc. PNC Bank 437 Grant St	
Name of Bank,	PNC Bank 437 Grant St	210
Name of Bank,	Depository, etc. PNC Bank 437 Grant St	219
Name of Bank,	PNC Bank 437 Grant St	219 ZIP CODE
Name of Bank,	PNC Bank 437 Grant St Pittsburgh PITS STATE	
Name of Bank, Mailing Address	PNC Bank 437 Grant St Pittsburgh PITS STATE	
Name of Bank, Mailing Address	PNC Bank 437 Grant St Pittsburgh Pittsburgh CITY STATE Depository, etc. Amalgamated Bank 275 Seventh Ave	
Name of Bank, Mailing Address Name of Bank,	PNC Bank 437 Grant St Pittsburgh Pittsburgh CITY STATE Depository, etc. Amalgamated Bank 275 Seventh Ave	
Name of Bank, Mailing Address Name of Bank,	PNC Bank 437 Grant St Pittsburgh Pittsburgh CITY STATE Depository, etc. Amalgamated Bank 275 Seventh Ave	

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundrais i	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
LAMB, CONOR,	,, 		
	PO BOX 10381		
Mailing Address			
	PITTSBURGH	PA PA	15234
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	tive K Leadership PAC Sp
	Affiliated Committee Joi	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Representation	
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or necessarily and the second	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
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