STATEMENT OF

PAGE 1 / 7 =

FEC FORM 1			ORGAN			-						Off	fice I	Jse Oi	nlv			
NAME OF COMMITTEE (ir	n full)		(Check if nan		Exampl over the	e:If typin e lines.	g, type		12	FE4	М5				y			
Van Orden	for Co	ngre	!SS				1 1											
	1 1 1 1	1 1 1			1 1		1 1			1		1	ı	I I	ı	I I	ı	
ADDRESS (number a	nd street)	РОВС	X 565															
(Check if a is changed		1			1 1		1 1			ı		I	ı	1 1		1 1	I	. 1
is changed	۵)	PRAIR	IE DU CHIEN					ı	Į W	<u> </u>		538	21			Ι.		
			CITY A					_	STA	LLI TE ▲	`			Z	P C	ODE	•	
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed		marg	ee@sagead	lvisorygro	oup.co													
_		Optiona	al Second E-M	lail Addres	s													
COMMITTEE'S WEB (Check if a is changed)	address	•	URL) anordenforcong	ress.com														<u></u> Ш
2. DATE 0:		D / Y	2023															
3. FEC IDENTIFIC	CATION NU	IMBER	•	C0074	12007													
4. IS THIS STATEM	MENT	NE	W (N) C	OR	x	AMENI	DED (A))										
I certify that I have e	examined th	is Staten	nent and to the	e best of r	ny knov	vledge a	nd belie	ef it is	s true	e, co	rrect	and	con	nplete) .			
Type or Print Name	of Treasurer	Clancy	, Mary, , Mrs.,															
Signature of Treasure	er <i>Clanc</i> y	y, M ary, , 1	Mrs.,		[Ele	ectronicall	y Filed]	[Date	[M 02	/		13	1		023	Y
NOTE: Submission of	false, errone		ncomplete inforr	-			_	_					pena	alties	of 52	2 U.S	.C. §	30109
Office Use Only					Fed Toll	further in leral Electi Free 800- al 202-694	on Comn 424-9530	nission								RM 2012)		

E	C Form 1 (Revised 03/2022)	Page 2
	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 the candinformation below.)	didate
	Name of Candidate Van Orden, Derrick, F., Mr.,	
	Party Affiliation REP Sought: House Senate President	State WI strict 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	<u>ration</u>
	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 segregated function committee. (i.e., nonconnected committee)	d 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

•	FEC Form 1 (Revise	ed 02/2009)	Page 3
٧	Vrite or Type Committee Na	ame	
	Van Orden fo	or Congress	
6.	•	d Organization, Affiliated Committee, Joint Fundraising Representural Republican Members Trust AKA FARM Trust	· · · · · · · · · · · · · · · · · · ·
	Mailing Address	PO Box 30844	
		Bethesda M	ID 20824 - - - -
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connec	eted Organization Affiliated Organization Joint Fundraising Rep	resentative Leadership PAC Sponso
7.	Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
	Clancy	, Mary, , Mrs.,	
	Full Name		
	Mailing Address	11972 Grey Oaks Park Rd.	
		Glen Allen	A 23059 - - -
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼	S	
	Treasurer	Telephone number	703 - 989 - 6167
8.	Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the comg., assistant treasurer).	ımittee; and the name and address of
	Full Name Clancy	, Mary, , Mrs.,	
	of Treasurer		
	Mailing Address	11972 Grey Oaks Park Rd.	
		Glen Allen	/A 20359
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	703 - 989 - 6167

FEC Form	I (Revised 02/2009)		Page 4
Full Name of Designated Agent	Goede, Staci, , Mrs.,		
Mailing Address	7816 Rose Garden Ln.		
	Springfield	VA 221	53
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	lephone number 703	- 371 - 5852
	Depositories: List all banks or other depositories in which exes or maintains funds.	the committee deposits funds, I	nolds accounts, rents
Name of Bank, I	Depository, etc.		
	Eagle Bank		
Mailing Address	7815 Woodmont Ave.		
	Bethesda	DC 208	14
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Evolve Bank & Trust		
Mailing Address	301 Shoppingway Blvd.		
	West Memphis	AR 7230	01
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi r			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Protect the House	9 2024 └───────────────────────────		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing and maili	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. Fargo Bank	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** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Van Orden for W	I-03		
	PO D . 00044		
Mailing Address	PO Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
Connecte		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Join	at Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Join	at Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Join	at Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Join Join by name, address (phone number – optional)		
esignated Agent: Identi	Affiliated Committee Join by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Join by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Join by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	Affiliated Committee Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee Join fy by name, address (phone number – optional) CITY CITY 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, epository, etc.	Affiliated Committee Join fy by name, address (phone number – optional) CITY CITY 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** ____

5(g) or (h	n). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	ame of Any Connected (Van Orden Victory	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
Ĺ				
	Mailing Address	11972 Grey Oaks Park Rd		
		Glen Allen	L VA	23059
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
_			Fundraising Representa	Leadership PAC Sponsor
8. De	esignated Agent: Identity	by name, address (phone number - optional)		
	Full Name			
	Full Name			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	▼ CITY ▲	STATE A	
sa	Mailing Address TITLE OR POSITION	CITY Tele Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
sa: Na	Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main the second control of the second control	CITY Tele Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
sa: Na	Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	CITY Tele Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
sa: Na	Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mainagement of Bank, epository, etc.	CITY Tele Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
sa: Na	Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mainagement of Bank, epository, etc.	CITY Tele Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦