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STATEMENT OF

PAGE 1/5 =

FEC FORM 1		OR	GANI	IZATIO	ON						0	office I	Jse Or	do c		
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FRIENDS O																
ADDRESS (number a	nd street)	PO BOX 374	43 													
(Check if a is changed																
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COMMITTEE'S E-MA	AIL ADDRES	SS														
X ◀ (Check if a is changed		YOUNG@I	BROGHAME	ERLLC.COM	I											
		Optional Se	cond E-Mai	l Address												
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL)		RG 												
2. DATE 12	M / D 27	D / Y Y 20	22 22													
3. FEC IDENTIFIC	CATION NU	MBER ▶	С	C0045925	55											
4. IS THIS STATEM	MENT	NEW (N) OF	R	AME	ENDED	(A)									
I certify that I have e				best of my	knowledge	e and b	elief it	t is tr	ue, c	orrec	t and	d con	nplete			
Signature of Treasure	er WUSI	LICH, JEFF, , ,						Date	Э	M 04	M 1	/ D	29	/ Y	202t	
NOTE: Submission of	false, errone	ous, or incomp										pena	alties (of 52	U.S.C.	§30109
Office Use					For further Federal El Toll Free 8	ection Co	mmiss		t:				C F			

Local 202-694-1100

Corporation Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) This committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC. 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: 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. 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.	EC Form	1 (Revised 03/2022)	Page 2
(a)	TYPE C	OF COMMITTEE:	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate POUNG, TODD, CHRISTOPHER, Candidate Party Affiliation REP Sought: House Senate President District 00 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Affiliation REP Sought: House Senate President District 00 Party Committee: (National, State or subordinate) committee of the Republican, etc.) Party Political Action Committee is a Separate segregated fund. (Identify connected organization on line 6.) Its connected organization is at Corporation Republican, etc.) Party Political Action Committee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (b) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee, (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. (c) In addition, this committee is a Lobbyist/Registrant PAC. (d) 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, none of which is an authorized committee of a federal candidate.	Candio	date Committee:	
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committees/organizations, none of which is an authorized committee of a federal candidate.	(i)		r more political
	(j)		r more political
Committees Participating in Joint Fundraiser	Com	nmittees Participating in Joint Fundraiser	

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	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		1 age 0
		DDD YOUNG, INC.	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
	YOUNG VICTORY C	OMMITTEE	
	Mailing Address	PO BOX 3743	
		CARMEL	46082
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representati	ve Leadership PAC Spons
7.	Custodian of Records: Idention books and records.	y by name, address (phone number optional) and position of the person i	n possession of committee
	WUSLICH,	JEFF,,,	
	Full Name	 	
	Mailing Address	PO BOX 3743	
		CARMEL	46082
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name WUSLICH,	JEFF, , ,	
	of Treasurer		
	Mailing Address	PO BOX 3743	
		CARMEL	46082
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	BROGHAMER, KEVIN, , ,	
Mailing Address	PO BOX 3743	
	CARMEL	IN 46082
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲
ASSISTANT TREA		umber
	Depositories: List all banks or other depositories in which the committees or maintains funds.	ttee deposits funds, holds accounts, rents
Name of Bank, De	epository, etc.	
[CHAIN BRIDGE BANK	
Mailing Address	1445-A LAUGHLIN AVENUE	
	MCLEAN	VA 22101
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, De	epository, etc.	
	BANK OF AMERICA	
Mailing Address	600 N WASHINGTON ST	
	ALEXANDRIA	VA 22314
	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** 5

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected TEAM TODD	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 3743		
	CARMEL	IN IN	46082
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	fy by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _ _ Mailing Address	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or necessity.	CITY ▲ Ories: List all banks or other depositories in when aintains funds. S MUTUAL 1295 STATE STREET	STATE Telephone Number ch the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Name of Bank, Depository, etc.	CITY ▲ Ories: List all banks or other depositories in whaintains funds. S MUTUAL	STATE A Telephone Number	