FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. GOP Winning Women 2024 228 S Washington St ADDRESS (number and street) (Check if address Ste 115 is changed) Alexandria 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address llisker@hdafec.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00840512 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Lisker, Lisa, , Date 06 2024 Signature of Treasurer Lisker, Lisa, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	C Form 1	(Revised 03/2022)	Page 2				
	TYPE O	YPE 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 comminformation below.)	ittee. (Complete the candidate				
	Name Candid						
	Candid Party A	office ffiliation Office Sought: House Senate	State President District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized cor	mmittee.				
	Name Cand						
	Party C	ommittee:	_				
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
	Politica	Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on lin	ne 6.) Its connected organization is a:				
		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 scommittee. (i.e., nonconnected committee)	eparate segregated 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	5.)				
	(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 as	ccounts (Hybrid PAC).				
		In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint F	Indraising Representative:					
	(i) X	This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal committee of a federal committee.	•				
	(j)	This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal care	•				
	Comr	nittees Participating in Joint Fundraiser					
	1. L	OUNG KIM FOR CONGRESS	C C00665638				
	2.	IICHELLE STEEL FOR CONGRESS	C C00704981				

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W	rite or Type Committee Name				
	GOP Winning W				
5.		rganization, Affiliated Committee, Joint Fund	draising Repre	esentative, or Leaders	ship PAC Sponsor
	NONE				
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Jo	oint Fundraising	Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi	ify by name, address (phone number optional)) and position o	of the person in possess	sion of committee
	Lisker, Lisa	ì, , ,			
	Full Name	200 C Washington Ct			
	Mailing Address	228 S Washington St			
		Ste 115			
		Alexandria		VA 22314	
		CITY A		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	nber	549 - 7705
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the trassistant treasurer).	reasurer of the	committee; and the na	ame and address of
	Full Name Lisker, Lisa	i , , ,			1
	of Treasurer	₁ 228 S Washington St			
	Mailing Address	Ste 115			
				\/A	
		Alexandria		VA 22314	
	T	CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼			, 702	549 7705
	Treasurer		Telephone num	nber	549 - 7705

FEC Form 1 (Revised 0	02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other Depositorie safety deposit boxes or main	es: List all banks or other depositories in which the committee deposits tains funds.	funds, holds accounts, rents
Name of Bank, Depository, e	etc.	
Chain Br	ridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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	of	of ⁸

□ LORLCHAVEZ-DERE			
1.	MER FOR CONGRESS	FEC ID number	C C00784520
2. KIGGANS FOR CC	ONGRESS	FEC ID number	C C00776120
3. MONICA FOR CONG	GRESS	FEC ID number	C C00765719
4. ASHLEY HINSON FO	OR CONGRESS	FEC ID number	C C00706267
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponso
Mailing Address			
B.1.11			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number - optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)	1 1 1 1 1 1 1 1	
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not boxes or not boxes.	CITY ▲ Cories: List all banks or other depositories in which analytical straight s	Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY A cories: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not be boxed by the boxes or not be boxed by the boxed by the boxes or not be boxed by the bo	CITY A cories: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rents

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

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	g Participant:				
1. MILLER-MEEKS FOR CO	ONGRESS		FEC	ID number	C C00558825
2. WENDY DAVIS FOR	CONGRESS		FEC	ID number	C C00835314
3. SALAZAR FOR CONGR	RESS		FEC	ID number	C C00714261
4. WFW ACTION FUND, II	NC.		FEC	ID number	C C00698936
Name of Any Connected (Organization, <i>I</i>	Affiliated Committee, Join	t Fundraising F		e, or Leadership PAC Sponsor
Mailing Address					
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Designated Agent: Identify Full Name	by name, addr	ess (priorie number – optio			
Mailing Address	1				
· ·					
					1 , , , , 1-1
TITLE OF POSITION		CITY A		STATE A	ZIP CODE A
TITLE OR POSITION	▼	CITY A	Telephone		ZIP CODE A
Banks or Other Depositor	ies: List all bar			Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
	ies: List all bar			Number	
Banks or Other Depositor safety deposit boxes or mai	ies: List all bar			Number	
Banks or Other Depositor safety deposit boxes or mai	ies: List all bar			Number	
Banks or Other Depositor safety deposit boxes or mai	ies: List all bar			Number	

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

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r(h). Joint Fundraising	g Participant:				
LAURIE BUCKHOUT FO	OR CONGRESS		FEC ID nu	mber C	C00853499
2. ESPOSITO FOR COM	NGRESS		FEC ID nu	mber C	C00852889
3.	GTON		FEC ID nu	mber C	C00838417
4. MAZI FOR CONGRESS	S		FEC ID nu	mber	C00860429
Name of Any Connected	Organization, Affi	liated Committee, Joint	Fundraising Represe	entative, o	r Leadership PAC Sponsor
	1				
Mailing Address					
Relationship:		CITY A	ST.	ATE 🔺	ZIP CODE ▲
Designated Agent: Identify Full Name	by flame, address	s (priorie number – optior	iaij	1 1 1	
Mailing Address	1				
Mailing Address					
		OITV A	OTAT		7ID 00DE 4
TITLE OR POSITION	▼	CITY A	STAT	ΓE ▲	ZIP CODE ▲

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

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or (h). Joint Fundraising	Participant:		
NANCY DAHLSTROM FO	DR ALASKA	FEC ID number	C C00856716
2. CATHERINE TEMPLE	TON FOR CONGRESS	FEC ID number	C C00867853
3. FEDORCHAK FOR ND		FEC ID number	C C00869370
4. MARY DRAVES FOR C	ONGRESS	FEC ID number	C C00874891
Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representativ	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Identify Full Name	by name, address (phone number – option	al)	
Mailing Address	1		
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
	•	Telephone Number	
Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, etc. Mailing Address	es: List all banks or other depositories in values of the state of the	vhich the committee deposi	ts funds, holds accounts, rents
	CITY A	STATE ▲	ZIP CODE ▲