05/13/2024 16 : 54

PAGE 1 / 15 🗕

FEC FORM 1	STATEMEN ORGANIZA	-	PAGE 1 / 15
1. NAME OF COMMITTEE (in fu	(Check if name is changed)	Example:If typing, type over the lines.	Office Use Only
Van Orden for			
ADDRESS (number and	street) PO BOX 1836		
(Check if add is changed)	Iress		
	LA CROSSE └───────────────────────────────────		WI         54602           STATE ▲         ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS		
<ul> <li>(Check if add is changed)</li> </ul>	Iress margee@sageadvisorygroup.	co 	
	Optional Second E-Mail Addre	955 	
COMMITTEE'S WEB PA			
2. DATE 05	/ D D / Y Y Y Y 13 2024		
3. FEC IDENTIFICAT		742007	
4. IS THIS STATEME	NT NEW (N) OR	× AMENDED (A)	
I certify that I have exa	mined this Statement and to the best of	my knowledge and belief it i	s true, correct and complete.
Type or Print Name of <sup>-</sup>	Treasurer <u>Clancy, Mary, , Mrs.,</u>		
Signature of Treasurer	Clancy, Mary, , Mrs.,		Date 05 13 / Y Y Y Y 2024
NOTE: Submission of fals	se, erroneous, or incomplete information ma ANY CHANGE IN INFORMATIC		is Statement to the penalties of 52 U.S.C. §30109. /ITHIN 10 DAYS.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530	

FEC Form 1 (Revised 03/2022)	
------------------------------	--

5.	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 candidate information below.)
	Name of Candidate Van Orden, Derrick, F., Mr.,
	Candidate Party Affiliation REP Office Sought: X House Senate President District 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 Publican, etc.) Party
	Political Action Committee (PAC):
	(e) This committee is a separate segregated fund. (Identify connected organization on line 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 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.)
	(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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(j) 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.
	Committees Participating in Joint Fundraiser
	2

Page **2** 

Г

	FEC Form 1 (Revised 02/2009)	Page <b>3</b>
۷	Vrite or Type Committee Name	
	Van Orden for Congress	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	American Battleground Fund	

Mailing Address	PO Box 30844																											
	Bethesda															/D			2	2082	24				- [_			
			C	ITY										S	STA	ΛΤΕ						ZI	P(	COI	DE			
Relationship: Connected	Organization	Affilia	ated (	Orga	aniza	atio	n	×	J	oint	Fu	ndra	aisi	ng	Rep	ores	sen	tativ	/e	l		Lea	ade	rshi	ip F	PAC	Spo	nso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Clancy, Mary, , Mrs.,
Full Name	
Mailing Address	11972 Grey Oaks Park Rd.
	Glen Allen       VA       23059         Image:
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position <b>v</b>	
Treasurer	Telephone number     703     -     989     -     6167

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 of Treasurer	Clancy, Mary, , Mrs.,
Mailing Address	11972 Grey Oaks Park Rd.
	Glen Allen VA 20359 –
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Goede, Staci, , Mrs.,	
Mailing Address	7816 Rose Garden Ln.	
	Springfield         VA         22153	
	CITY A STATE A ZIP	CODE
Title or Position	7	
Assistant Treasur	rer Telephone number 703 371	5852

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.

C	Chain Bridge Bank, NA		
Mailing Address	1445-A Laughlin Ave.		
	McLean	VA 22101	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Dep	ository, etc. Classic City Bank		
Mailing Address	2365 W. Broad St.		
	Athens	GA 30606	
	CITY 🔺	STATE A	ZIP CODE

L

5(g) or (h	n). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4		FEC ID number	С
		Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
L		,		
L				
	Mailing Address	11972 GREY OAKS PARK RD.		
		GLEN ALLEN		23059
	Relationship:		STATE A	ZIP CODE 🔺
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. <b>De</b>	esignated Agent: Identify	by name, address (phone number – optional)		
8. <b>De</b>	esignated Agent: Identify	by name, address (phone number – optional)		
8. <b>De</b>		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name			<pre></pre>
8. De	Full Name		STATE	
9. <b>Ba</b>	Full Name	CITY A CITY A Tele	ephone Number	
9. <b>Ba</b> sat	Full Name	CITY A CITY A Tele	ephone Number	
9. <b>Ba</b> sat	Full Name Mailing Address TITLE OR POSITION T  anks or Other Depositori fety deposit boxes or mai ame of Bank, _ Eagle B	CITY A CITY A Tele	ephone Number	
9. <b>Ba</b> sat	Full Name          Mailing Address         TITLE OR POSITION         anks or Other Depositori         fety deposit boxes or mai         ame of Bank,         Eagle B         epository, etc.	CITY A CITY A Tele	ephone Number	
9. <b>Ba</b> sat	Full Name          Mailing Address         TITLE OR POSITION         anks or Other Depositori         fety deposit boxes or mai         ame of Bank,         Eagle B         epository, etc.	CITY A CITY A Tele	ephone Number	

L

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
6. <b>Nam</b> e	e of Any Connected C	Drganization, Affiliated Committee, Joint Fu	undraising Representative	or Leadershin PAC Sponsor
	mmer Majority Builde	•		
	Mailing Address	824 S Milledge Ave.		
		Ste. 101		
		Athens	GA	30605
	Relationship:	CITY A	STATE	ZIP CODE A
	Connected	Organization Affiliated Committee X	Joint Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number - optional	)	
	gnated Agent: Identify	by name, address (phone number – optional	)	
F		by name, address (phone number - optional	)	
F	ull Name	by name, address (phone number - optional		
F	ull Name	by name, address (phone number - optional	)	
F	ull Name		) 	
F	ull Name			
F M - - 9. Bank	Full Name		· · · · · · · · · · · · · · · · · · ·	
9. Bank safety	Full Name          Mailing Address         TITLE OR POSITION         State         State </th <th></th> <th>· · · · · · · · · · · · · · · · · · ·</th> <th></th>		· · · · · · · · · · · · · · · · · · ·	
9. Bank safety Name	Full Name		· · · · · · · · · · · · · · · · · · ·	
9. Bank safety Name	Full Name          Mailing Address         TITLE OR POSITION         Sor Other Depositoriant         y deposit boxes or main         e of Bank, Evolve E	CITY ▲ CITY ▲ es: List all banks or other depositories in whetains funds.	· · · · · · · · · · · · · · · · · · ·	
9. Bank safety Name	Full Name   Mailing Address TITLE OR POSITION Sitor Other Depositorial As or Other Depositorial As of Bank, Evolve E Sitory, etc.		· · · · · · · · · · · · · · · · · · ·	
9. Bank safety Name	Full Name   Mailing Address TITLE OR POSITION Sitor Other Depositorial As or Other Depositorial As of Bank, Evolve E Sitory, etc.		· · · · · · · · · · · · · · · · · · ·	

sing Participant:		
	FEC ID number	
	FEC ID number C	
	FEC ID number	
	FEC ID number C	
ed Organization, Affiliated Committee, Joint Fundr	aising Representative, or	r Leadership PAC Sponsor
PO Box 30844		
Bethesda		20824
	STATE A	ZIP CODE 🔺
ated Organization	Fundraining Depresentative	Leadership PAC Sponsor
ntify by name, address (phone number - optional)		
ntify by name, address (phone number - optional)		
ntify by name, address (phone number - optional)		
ntify by name, address (phone number - optional)		
ntify by name, address (phone number - optional)		
L	L L L L L L L L L L L L L L L L L L L	
L		
L	lephone Number	
	lephone Number	
Image: constraint of the state of the	lephone Number	
	lephone Number	
	lephone Number	
	ed Organization, Affiliated Committee, Joint Fundra ural Republican Members Trust AKA FARM Tru PO Box 30844 Bethesda	FEC ID number C FEC ID number C PO Box 30844 PO Box 30844 Bethesda CITY ▲ STATE ▲

L

5(g) or (h).	Joint Fundraising	Participant:		
1			FEC ID number	C
2	2.		FEC ID number	C
3	3.		FEC ID number	C
4			FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
G	row the Majority			
	Mailing Address	228 S. Washington St.		
		Ste 115		
		Alexandria	VA	22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representat	tive Leadership PAC Sponsor
8. <b>Desi</b> g	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify Full Name	by name, address (phone number - optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name		□	
F	Full Name	L	STATE	
9. <b>Ban</b> ł	Full Name		ephone Number	
9. Bank safet Name	Full Name		ephone Number	
9. Bank safet Name	Full Name		ephone Number	
9. Bank safet Name	Full Name		ephone Number	
9. Bank safet Name	Full Name		ephone Number	

L

5(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	C
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
6. <b>Name</b>	of Any Connected C	rganization, Affiliated Committee,	Joint Fundrais	ing Representative	e. or Leadership PAC Sponsor
	Farm Team 2024				
ſ	Mailing Address	PO Box 30844			
		Bethesda			20824
F	Relationship:	CITY A		STATE A	
	Connected	Drganization Affiliated Committee	e 🗙 Joint Fu	ndraising Representa	ative Leadership PAC Sponsor
	nated Agent: Identify	y name, address (phone number –	optional)		
Fu		y name, address (phone number -	optional)		
Fu	II Name	by name, address (phone number -	optional)		
Fu	II Name	by name, address (phone number	optional)		
Fu Ma	II Name		optional)		
Fu Ma	II Name			→ → → → → → → → → → → → → → → → → → →	
Fu Ma 9. <b>Banks</b> safety Name	II Name			bhone Number	
Fu Ma 9. <b>Banks</b> safety Name Deposi	II Name			bhone Number	
Fu Ma 9. <b>Banks</b> safety Name Deposi	II Name			bhone Number	

L

5(g) or (h). Joint Fundraising	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e. or Leadership PAC Sponsor
Pfriends of Pfluger			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY 🔺	STATE A	ZIP CODE
	Organization Affiliated Committee Joint F by name, address (phone number – optional)	undraising Representa	tive Leadership PAC Sponsor
Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE 🔺
	Tele	phone Number	
<ul> <li>Banks or Other Depositor safety deposit boxes or mai</li> <li>Name of Bank, Depository, etc.</li> </ul>	<b>ies:</b> List all banks or other depositories in which th intains funds.	e committee deposits	s funds, holds accounts, rents
Mailing Address			
	1		

L

5(g) or (	(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N	-	Drganization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Protect the House 202	4		
	Mailing Address	PO Box 30844		
		Bethesda		20824
	Relationship:	CITY 🔺	STATE A	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number – optional)		
8. D		by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name			
8. D	Full Name		I I I I I I I I I I I I I I I I I I I	
9. <b>B</b>	Full Name		elephone Number	
9. <b>B</b> Sa N	Full Name		elephone Number	
9. <b>B</b> Sa N	Full Name Mailing Address TITLE OR POSITION T  tanks or Other Depositori afety deposit boxes or main lame of Bank,	CITY A	elephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION         Interview         Banks or Other Depositoria         afety deposit boxes or main         ame of Bank,         Depository, etc.	CITY A	elephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION         Interview         Banks or Other Depositoria         afety deposit boxes or main         ame of Bank,         Depository, etc.	CITY A	elephone Number	

5(g) or (h)	Joint Fundraising	J Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6. <b>Na</b> r	mo of Any Connected (	Organization Affiliated Committee Joint Fundrai	sing Representative, or Leadership PAC Sponsor	
	Scalise Leadership Fu	•	sing hepresentative, or Leadership FAC Sponsor	
L				
	Mailing Address	320 1st St., Sean		
		Washington		
	Relationship:		STATE ▲ ZIP CODE ▲	
	Connected	Organization Affiliated Committee X Joint F	undraising Representative	sor
	Signated Agent: Identify	by name, address (phone number - optional)		
	Mailing Address			
		1		
	TITLE OR POSITION		STATE  ZIP CODE	
			phone Number	
safe		ies: List all banks or other depositories in which th	e committee deposits funds, holds accounts, rents	-
Nor	ety deposit boxes or mai			
	ne of Bank, pository, etc.			
	me of Bank,			
	me of Bank, pository, etc.			
	me of Bank, pository, etc.			

5(g) or (h).	Joint Fundraising	Participant:		
1	1		FEC ID number	
2	2.		FEC ID number C	
3	3.		FEC ID number	
2	4. 🔄 🖂 🖂 🖂		FEC ID number	
6. <b>Nam</b>	ne of Any Connected (	Drganization, Affiliated Committee, Joint Fundra	ising Representative, or Leaders	hip PAC Sponsor
	ransportation Trust F	-		
L				
	Mailing Address	502 6th St.		
		Hudson	WI 54016	
	Relationship:	CITY A	STATE A 2	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative	adership PAC Sponsor
	ignated Agent: Identify Full Name	by name, address (phone number – optional)		
ſ	Mailing Address			
	TITLE OR POSITION		STATE A ZII	P CODE 🔺
l		Tele	ephone Number	
	ks or Other Depositori ty deposit boxes or mai	ies: List all banks or other depositories in which th ntains funds.	ne committee deposits funds, holds	accounts, rents
	ne of Bank, ository, etc.			
	Mailing Address			
		1		

g) or (h).	Joint Fundraising	g Participant:			
1.			FEC ID n	umber C	
2.			FEC ID n	umber C	
3.			FEC ID n	umber C	
4.			FEC ID n	umber C	
Name	of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Repre	sentative, or Le	eadership PAC Sponsor
	n Orden Victory Fu				
I	Mailing Address	11972 Grey Oaks Park Rd			
			1		3059
I	Relationship:	CITY A	S		
	Connected	Organization Affiliated Committee	Joint Fundraising R	epresentative	Leadership PAC Sponsor
Fu	II Name				
Ma	ailing Address	1			
т	TILE OR POSITION		ST/		ZIP CODE
			Telephone Num	ber	
	s or Other Depositor deposit boxes or ma	<b>ies:</b> List all banks or other depositories in intains funds.	which the committee	equation deposits funds	, holds accounts, rents
	of Bank, itory, etc.				
	Mailing Address				

5(g) or (	(h). Joint Fundraisin	g Participant:				
	1.			FEC ID number	С	
	2.			FEC ID number	С	
	3.			FEC ID number	С	
	4.			FEC ID number	С	
6. N	lame of Any Connected	Organization, Affiliated Con	nmittee. Joint Fun	draising Representati	ve. or Leadership PAC Sp	onsor
	Van Orden-Wilson Vi			0	<i>,</i> , , , , , , , , , , , , , , , , , ,	
	Mailing Address	11972 Grey Oaks Park Rd.				
		Glen Allen			23059	
	Relationship:	CIT	Y 🔺	STATE 4	ZIP CODE	
	Connected	Organization Affiliated C	committee 🗙 Joi	nt Fundraising Represer	tative Leadership PAC	Sponsor
8. D	Designated Agent: Identify	by name, address (phone n	umber – ontional)			
	Full Name					
	Full Name					
	Full Name					
	Full Name			└ · · · · · · · · · · · · · · · · · · ·		
	Full Name					
	Full Name			L I I I I I I I I I I I I I I I I I I I		
	Full Name	CITY		Telephone Number		
sa	Full Name Mailing Address TITLE OR POSITION	CITY		Telephone Number		
sa	Full Name Mailing Address TITLE OR POSITION	CITY		Telephone Number		
sa	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositon afety deposit boxes or mail lame of Bank, Depository, etc	CITY		Telephone Number		ents
sa	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositon afety deposit boxes or mail lame of Bank, Depository, etc	CITY		Telephone Number		ents