Only

## STATEMENT OF

PAGE 1 / 4

**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. Adrian Smith Victory Fund 228 S. Washington St. ADDRESS (number and street) Ste. 115 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address tmoose@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00813410 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 04 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
Car	ndidate	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. (Complete the candidate information below.)				
Nam Can	e of didate					
	didate y Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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.)				
Join	t Fund	raising Representative:				
(g)	x	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.	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.	or more political			
	Committees Participating in Joint Fundraiser					
	1.	ADRIAN SMITH FOR CONGRESS FEC ID number C C004	2890			
	2.	CONCERNED AMERICANS FOR FREEDOM & OPPORTUNITY PAC (CAFO PAC)	1176			
	3.	NRCC FEC ID number C C0007	5820			
	4.					

FEC <b>Form 1</b> (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name		•
Adrian Smith Vi	ctory Fund	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
<b>3</b>		
	CITY STATE	ZIP CODE
	Organization Affiliated Committee Joint Fundraising Representative  tify by name, address (phone number optional) and position of the person	Leadership PAC Sponsor in possession of committee
books and records.		
Lisker, Lisa	<b>1</b> , , ,	
Mailing Address	228 S. Washington St.	
J	Ste. 115	
	Alexandria VA 22	2314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	_ 549 7705
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
Full Name Lisker, Lisa of Treasurer	,,, 	
Mailing Address	228 S. Washington St.	
	Ste. 115	
	Alexandria VA 22 CITY STATE	2314 ZIP CODE
Title or Position  Treasurer	Telephone number	21P CODE

	Revised 02/2009)		Page <b>4</b>			
Full Name of Designated Agent  Moos	ose, Taylor, , ,					
Mailing Address	228 S. Washington St.					
	Ste. 115					
	Alexandria CITY S	VA 22314 STATE	ZIP CODE			
Title or Position Assistant Treasurer		er	549   -   7705			
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.  Chain Bridge Bank						
Mailing Address	1445-A Laughlin Ave.					
	McLean	VA 22101				
	CITY					
	CILT	STATE	ZIP CODE			
Name of Bank, Deposi		TATE ———————————————————————————————————	ZIP CODE			
Name of Bank, Deposi		TATE	ZIP CODE			
Name of Bank, Deposition	itory, etc.	TATE	ZIP CODE			
L	itory, etc.	TATE	ZIP CODE			
L	itory, etc.	TATE	ZIP CODE			