Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Carolina Senate 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) carolinasenatefund.com (Check if address is changed) DATE 2021 C00777029 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] 06 2021 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

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In a			
Name of Candidate Candidate Party Affiliation City 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.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation Corporation w/o Capital Stock Labor Organization In addition, this committee is a Lobbyist/Registrant PAC. (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) 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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
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2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee Name		J
Carolina Senate	Fund	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
 Custodian of Records: Identification books and records. 	fy by name, address (phone number optional) and position of the person in p	ossession of committee
Lisker, Lisa,	,,	
Full Name	228 S. Washington St.	
Mailing Address	Ste. 115	
	Alexandria	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703 - L	281 - 7540
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the r sistant treasurer).	name and address of
Full Name Lisker, Lisa,	,,	
of Treasurer	228 S. Washington St.	
Mailing Address		
ļ	Ste. 115	
	Alexandria VA 22314	71D 00DE
Title or Position Treasurer	CITY STATE	ZIP CODE 281 7540

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Full Name of Designated Agent Moos	se, Taylor, , ,	
Mailing Address	228 S. Washington St.	
	Ste. 115	
	Alexandria VA 22 CITY STATE	ZIP CODE
Title or Position Assistant Treasurer	Telephone number 703	_ 549 7705
safety deposit boxes or		
Name of Bank, Deposit		
Name of Bank, Deposit	itory, etc. ist/BB&T 1445 New York Ave., NW 4th Floor	0005
Name of Bank, Deposit	itory, etc. ist/BB&T 1445 New York Ave., NW 4th Floor	0005 ZIP CODE
Name of Bank, Deposit	tist/BB&T 1445 New York Ave., NW 4th Floor Washington CITY STATE	
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Form/Schedule: F1A Transaction ID:

Amended to change to name to Carolina Senate Fund.

Form/Schedule: Transaction ID: