

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

Rounds for Senate

ADDRESS (number and street)  (Check if address  
is changed)

PO Box 250

Pierre  
CITY ▲SD  
STATE ▲57501-0250  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

erin@roundsforSenate.com

Optional Second E-Mail Address  
llisker@hdfec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

www.roundsforSenate.com

2. DATE

M M / D D / Y Y Y Y  
01 / 31 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00532465

4. 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.

Type or Print Name of Treasurer Roberts, Pam, , ,

Signature of Treasurer Roberts, Pam, , ,

Date

M M / D D / Y Y Y Y  
01 / 31 / 2026NOTE: 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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

## Rounds for Senate

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

FISCHER-ROUNDS VICTORY COMMITTEE

Mailing Address

228 S. WASHINGTON STREET

SUITE 115

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name

Lisker, Lisa, , ,

Mailing Address

228 S. Washington Street

Suite 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

703 - 549 - 7705

## 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

Roberts, Pam, , ,

Mailing Address

P.O. Box 250

Pierre

SD

57501

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

703 - 549 - 7705

Full Name of  
Designated  
Agent

Lisker, Lisa, , ,

Mailing Address

228 S. Washington Street

Suite 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

703

549

7705

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.

American Bank &amp; Trust

Mailing Address

700 E Sioux Ave

Pierre

SD

57501

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445-A Laughlin Ave

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 < 98 I @ C F H 9 A = N5 H C B

**Form/Schedule:** F1A

**Transaction ID :**

Amended in response to request for additional information dated January 29, 2026 to add a joint fundraising representative.

**Form/Schedule:**

**Transaction ID:**

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

2025 SENATORS CLASSIC COMMITTEE

<input type="text"/>
<input type="text"/>

Mailing Address

228 S WASHINGTON STREET

SUITE 115

ALEXANDRIA

VA

22314

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input type="checkbox"/> Affiliated Committee	<input checked="" type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>
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Mailing Address <input type="text"/>
--------------------------------------

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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.  John Marshall Bank

Mailing Address <input type="text"/>
--------------------------------------

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Washington <input type="text"/>	DC <input type="text"/>	20006 <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. [REDACTED]	FEC ID number
2. [REDACTED]	FEC ID number
3. [REDACTED]	FEC ID number
4. [REDACTED]	FEC ID number

C [REDACTED]
C [REDACTED]
C [REDACTED]
C [REDACTED]

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

ONE TEAM SENATE MAJORITY

[REDACTED]
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[REDACTED]
------------

Mailing Address

421 OFFICE PARK DRIVE

[REDACTED]
------------

[REDACTED]
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MOUNTAIN BROOK

AL

35223

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input type="checkbox"/> Affiliated Committee	<input checked="" type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name	[REDACTED]
-----------	------------

Mailing Address	[REDACTED]
-----------------	------------

[REDACTED]
------------

[REDACTED]
------------

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[REDACTED]	Telephone Number	[REDACTED]-[REDACTED]-[REDACTED]
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Telephone Number

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.	[REDACTED]
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Mailing Address	[REDACTED]
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[REDACTED]
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[REDACTED]
------------

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.  2.  3.  4.

FEC ID number  
C  
C  
C  
C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

ROUNDS VICTORY COMMITTEE

Mailing Address

228 S WASHINGTON ST STE 115

ALEXANDRIA

VA

22314

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address   

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number  -  -

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. Mailing Address   

CITY ▲

STATE ▲

ZIP CODE ▲