PAGE 1/9

STATEMENT OF **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. MARCO RUBIO FOR SENATE 228 S WASHINGTON ST ADDRESS (number and street) STE 115 (Check if address is changed) **ALEXANDRIA** 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS LLISKER@HDAFEC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) marcorubio.com (Check if address is changed) DATE 2023 C00620518 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] 02 27 2023 Signature of Treasurer Date 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 Only

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE 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 committee. (Complete the information below.)	candidate
	Name of Candidate Rubio, Marco, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State FL District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 committee. (i.e., nonconnected committee)	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.)	
	(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	<b>;</b> ).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

I	FEC Form 1 (Revised 0	2/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name	O FOR SENATE			
6.		rganization, Affiliated Committee, Join	nt Fundraising Represent	ative, or Leaders	hip PAC Sponsor
	Mailing Address	228 S WASHINGTON STREET SUITE 11	15		
		1			
		ALEXANDRIA		22314	
		CITY ▲	STAT		ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	✗ Joint Fundraising Repr	esentative	Leadership PAC Sponso
			_		
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number op	ptional) and position of the p	person in possess	ion of committee
	Lisker, Lisa	, , ,			
	Full Name				
	Mailing Address	228 S. Washington St.			
		Ste. 115			
		Alexandria	VA	22314	
		CITY A	STAT	E <b>▲</b>	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	703	549 - 7705
8.	any designated agent (e.g., a		f the treasurer of the comr	mittee; and the na	ume and address of
	Full Name  of Treasurer  Lisker, Lisa	,,,			
		<sub>1</sub> 228 S. Washington St.			
	Mailing Address				
		Ste. 115			
		Alexandria	V <sub>1</sub>	A 22314	
		CITY ▲	STAT	E ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	703 –	549 - 7705

	FEC Form 1	(Revised 02/2009)		Page <b>4</b>
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position		TATE A	ZIP CODE ▲
		Telephone number	er L	
•		<b>Depositories:</b> List all banks or other depositories in which the committee tes or maintains funds.	deposits fu	nds, holds accounts, rents
	Name of Bank, D	epository, etc.		
		Chain Bridge Bank		
	Mailing Address	1445 Laughlin Ave		
		McLean	VA	22101
		CITY ▲ S	TATE <b>A</b>	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		Truist/BB&T	1 1 1	1
	Mailing Address	1445 New York Ave. NW		
		Washington	DC	20005
		CITY ▲ S	TATE A	ZIP CODE ▲

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

1	g Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
CORNYN VICTOI	RY COMMITTEE		
	PO BOX 13026		
Mailing Address	1 0 30% 10023		
	AUSTIN	TX	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A	STATE A	ZIP CODE <b>A</b>
Full Name Mailing Address  TITLE OR POSITION	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	

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

FEC Form 1S (Revised 02/2017) for Lines

g) or (h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected TEAM MCCONN	l Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S. WASHINGTON STREET SUITE 115		
	ALEXANDRIA	ı VA	22314
Relationship:			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name Mailing Address	fy by name, address (phone number – optional)		
		1 1 . 1	1
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY ▲		
	CITY A  Tele  Tele  Tries: List all banks or other depositories in which the state of the state	STATE ▲ ephone Number	ZIP CODE 🛦
Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	CITY A  Tele  Tele  Tries: List all banks or other depositories in which the state of the state	STATE ▲ ephone Number	ZIP CODE A
Banks or Other Deposito safety deposit boxes or m	CITY A  Tele  Tele  Tries: List all banks or other depositories in which the state of the state	STATE ▲ ephone Number	ZIP CODE A

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

h). <b>Joint Fundrais</b> i	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TAKE BACK TH	E SENATE		
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or necessity.	ify by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

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

5(g) or	(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
-				
6. <b>I</b>	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	2022 FOUNDERS	COMMITTEE		
		4005 W 44TU OTDEET		
	Mailing Address	1305 W 11TH STREET		
		#213		
		HOUSTON	TX	77008
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		I Organization Affiliated Committee Solution Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8. <b>[</b>	Designated Agent: Identify	by name, address (phone number - optional)		
8. <b>[</b>	Designated Agent: Identify	by name, address (phone number – optional)	1 1 1 1 1 1 1	
- 8. <b>[</b>		by name, address (phone number – optional)		
- 8. <b>[</b>	Full Name	by name, address (phone number – optional)		
- 8. [	Full Name			
<b>8. C</b>	Full Name	CITY	STATE A	ZIP CODE A
- 8. [	Full Name	CITY A	STATE A	
9. <b>E</b> s	Full Name	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9. <b>E</b> s	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor base or mail boxes or mail boxes or mail boxes. Depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9. <b>E</b> s	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor base or mail boxes or mail boxes or mail boxes. Depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

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

h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Republican Sena	te Victory 2022		
	228 S. Washington St., Ste. 115		
Mailing Address			
	Alexandria	, VA ,	22314
<b>-</b>			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A