PAGE 1/8

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MCCONNELL SENATE COMMITTEE PO BOX 1496 ADDRESS (number and street) (Check if address is changed) LOUISVILLE 40201 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS LLISKER@HDAFEC.COM (Check if address is changed) Optional Second E-Mail Address LSteinberg@blueandco.com COMMITTEE'S WEB PAGE ADDRESS (URL) TeamMitch.com (Check if address is changed) DATE 02 27 2023 C00193342 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. Steinberg, Larry, J.,, Type or Print Name of Treasurer Steinberg, Larry, J.,, [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 | C 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 can information below.) | didate |
| | Name of Candidate McConnell, Mitch, , , | |
| | Party Affiliation REP Sought: House Senate President | State KY strict 00 |
| | (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 Republican, etc.) | Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org | anization is a: |
| | Corporation Corporation w/o Capital Stock Labor Organization | zation |
| | 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 function committee. (i.e., nonconnected committee) | d 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). | |
| | 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 mor committees/organizations, at least one of which is an authorized committee of a federal candidate. | e political |
| | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate. | e political |
| | Committees Participating in Joint Fundraiser | |
| | 1. C | |

| | FEC Form 1 (Revised 0 | 2/2009) | Page 3 |
|----|--|--|-------------------------------|
| ٧ | Write or Type Committee Name MCCONNELL | SENATE COMMITTEE | |
| 6. | Name of Any Connected Or | ganization, Affiliated Committee, Joint Fundraising Representative, | or Leadership PAC Sponsor |
| | | | |
| | | | |
| | Mailing Address | 228 S WASHINGTON ST STE 115 | |
| | | | |
| | | ALEXANDRIA VA | 22314 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Polationship: Connected | Organization Affiliated Organization X Joint Fundraising Represent | |
| | Relationship: Connected | John Pulidialsing Represent | alive Leadership FAC Sponso |
| _ | | | |
| 7. | Custodian of Records: Identi books and records. | y by name, address (phone number optional) and position of the person | n in possession of committee |
| | Lisker, Lisa | ,, | |
| | Full Name | | |
| | Mailing Address | 228 S Washington St. | |
| | | | |
| | | Alexandria | 22314 |
| | | CITY A STATE A | ZIP CODE ▲ |
| | Title or Position ▼ | CITY ▲ STATE ▲ | ZIP CODE A |
| | Assistant Treasurer | | 703 549 7705 |
| | | Telephone number | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the committee ssistant treasurer). | ; and the name and address of |
| | Full Name Steinberg, I | arry, J., , | |
| | of Treasurer | | |
| | Mailing Address | 12800 N Meridian St. | |
| | | Ste. 400 | |
| | | Carmel IN | 46032 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | JIMIL - | 2 0032 — |
| | Treasurer | Telephone number | 317 - 428 - 6857 |

| FEC Form 1 | (Revised 02/2009) | Page 4 | |
|-------------------------------------|--|--|--------|
| Full Name of Designated Agent | Lisker, Lisa, , , | | |
| Mailing Address | 228 S Washington St. | | _ |
| | Ste. 115 Alexandria | | _ |
| | CITY A | STATE ▲ ZIP CODE ▲ | |
| Title or Position | 7 | | |
| Assistant Treasu | rer Telepho | one number 703 - 549 - 7705 | |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the coxes or maintains funds. | ommittee deposits funds, holds accounts, rents | |
| Name of Bank, D | Depository, etc. | | |
| | Republic Bank & Trust | | |
| Mailing Address | 2801 Bardstown Rd. | | |
| | | /// 1000F | |
| | Louisville | KY 40205 | \Box |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ | |
| Name of Bank, [| Depository, etc. | | |
| | Wells Fargo | | |
| Mailing Address | 1753 Pinnacle Dr. | | |
| | | | |
| | McLean | VA 22102 - - - - | |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ | |

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amended to add Team McConnell as a joint fundraising representative.

Form/Schedule: Transaction ID:

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

FEC Form 1S (Revised 02/2017)

Page __6 **of** 8___

| 5(a) | or(h). Joint Fundraisin | g Participant: | | |
|-------|--|---|--------------------------|------------------------------|
| - (3) | 1. | , | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | | | FEC ID number | С |
| | 4. | | T EO ID Hamber | 0 |
| 6. | | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | Mailing Address | 228 S. WASHINGTON ST. | | |
| | | STE. 115 | | |
| | | ALEXANDRIA | , , , VA | 22314 |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee | t Fundraising Representa | ative Leadership PAC Sponsor |
| 8. | Designated Agent: Identify Davis, Ke Full Name | by hame, address (phone number – optional) | | |
| | Mailing Address | 228 S Washington St. | | |
| | | Ste. 115 | | |
| | | Alexandria | , , , VA , | 22314 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | TITLE OR POSITION | ▼ | _ | |
| | Assistant Treasurer | то | elephone Number | 703 - 549 - 7705 |
| 9. | | ries: List all banks or other depositories in which | elephone Number | |
| 9. | Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which | elephone Number | |
| 9. | Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in which iintains funds. | elephone Number | |
| 9. | Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in which iintains funds. | elephone Number | |

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| 5(g) | or(h). Joint Fundraisin | g Participant: | | | |
|------|---|--|---------------------------------------|----------------------|------------------------|
| | 1 | | FEC ID num | nber C | |
| | 2. | | FEC ID num | nber C | |
| | 3. | | FEC ID num | nber C | |
| | 4 | | FEC ID num | nber C | |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fu | draising Represe | ntative, or Leade | ership PAC Sponsor |
| | | | | | |
| | | | | | |
| | Mailing Address | 228 S. WASHINGTON STREET | | | |
| | | SUITE 115 | | | |
| | | ALEXANDRIA | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | /A 22314 | <u> </u> |
| | Relationship: | CITY ▲ | STA | TE ▲ | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee | int Fundraising Rep | resentative | Leadership PAC Sponsor |
| 8. | Designated Agent: Identify Full Name | y by name, address (phone number – optional) | 1 1 1 1 1 | 1 1 1 1 1 1 | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | TITLE OR POSITION | ▼ CITY ▲ | STATE | A | ZIP CODE ▲ |
| | | | Telephone Numbe | r | |
| 9. | Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. | | ch the committee d | eposits funds, ho | lds accounts, rents |
| | | 2404 Sir Barton Way | | 1 1 1 1 1 1 | |
| | Mailing Address | | | | |
| | | Lexington | , . <i>u</i> | Y ₁ 40509 | |
| | | | | | |
| | | CITY A | STATE | | ZIP CODE ▲ |

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| 5(g) | or(h). Joint Fundraisi | ng Participant: | | |
|------|--|--|----------------------|------------------------------|
| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | С |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | С |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fundraisi | ng Representative | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connecte | d Organization Affiliated Committee Joint Fun | ndraising Representa | Leadership PAC Sponsor |
| | | | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | | y by name, address (phone number – optional) | | |
| 8. | Full Name | y by name, address (phone number – optional) | | |
| 8. | Full Name | | | |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Chain Depository, etc. | CITY CITY Teleph Teleph Tries: List all banks or other depositories in which the | none Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Chain | CITY CITY Teleph Teleph | none Number | |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Chain Depository, etc. | CITY CITY Teleph Teleph | none Number | |