FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) lowans for Zach Nunn PO Box 11 ADDRESS (number and street) (Check if address is changed) **Bondurant** 50035 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address llisker@hdafec.com is changed) Optional Second E-Mail Address tmoose@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00784389 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Lisker, Lisa, , 80 15 2024 Signature of Treasurer Lisker, Lisa, , , 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Candidate Nunn, Zach, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State IA District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(National, State (Democra	itic, in, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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	
1C	
C	

I	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
6.	lowans for Zach	NUNN ganization, Affiliated Committee, Joint Fundraising Represe	entative or Leadership PAC Sponsor
0.	-	JLTURAL REPUBLICAN MEMBERS TRUST A	• •
	Mailing Address	PO BOX 30844	
		BETHESDA	MD 20824 - - -
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising F	Representative Leadership PAC Sponso
 7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of t	he person in possession of committee
	Lisker, Lisa	**	
	Full Name	228 S. Washington St.	
	Mailing Address		
		Ste. 115	
		Alexandria	VA 22314
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	er
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the cossistant treasurer).	ommittee; and the name and address of
	Full Name Lisker, Lisa of Treasurer	,, 	
	Mailing Address	228 S. Washington St.	
	Mailing Address	Ste. 115	
		₁ Alexandria	VA 22314
			TATE A
	Title or Position ▼	CITY ▲ S	TATE ▲ ZIP CODE ▲
	Treasurer	Telephone numbe	er 703 - 549 - 7705

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
·		ATE A	ZIP CODE ▲
Title or Position	•		
	Telephone number	r .	
. Banks or Othe safety deposit b	r Depositories: List all banks or other depositories in which the committee deposes or maintains funds.	eposits funds,	holds accounts, rents
Name of Bank,	Depository, etc.		
	Truist/BB&T		
Mailing Address	1445 New York Ave., NW		
	4th FI.		
	Washington	DC 200	005
	CITY ▲ STA	ATE A	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Lane		
	McLean	VA 221	01
	CITY ▲ STA	ATE ▲	ZIP CODE ▲

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

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(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connector	d Organization, Affiliated Committee, Joint Fur	adraicing Penracentativ	o or Londorchin DAC Spons
GROW THE MAJOR			. Or Leadership FAC Sporis
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
		STATE ▲	ZIP CODE ▲
	ed Organization	oint Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
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Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	and Organization Affiliated Committee X Journal (19) by name, address (phone number – optional)	oint Fundraising Representation	
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Joint Joi		Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address	ed Organization	oint Fundraising Representation	
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit rafety deposit boxes or necessarily and the connection of the connecti	and Organization	STATE Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or not safety deposit boxes or not safety depository, etc.	and Organization	STATE Telephone Number	ZIP CODE A

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

Page ___ **of** _____

h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
EMMER MAJORITY	BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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3.			FEC ID	number	C	
4.			FEC ID	number	C	
			_			
Name of Any Conne	cted Organization, Affi	liated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spo	ons
AMERICAN BAT	TLEGROUND FUND)		1 1 1		ı
Mailing Address	PO BOX 30844					
	BETHESDA		1	MD	20824	1
Polotionobin:		CITY ▲		STATE A	ZIP CODE ▲	
	entify by name, address		Joint Fundraising	Representa	ative Leadership PAC	Spo
Conr		Affiliated Committee X		Representa	ative Leadership PAC	Spo
Conr				Representa	ative Leadership PAC	Spo
Conr Designated Agent: Id Full Name				Representa	Leadership PAC	Spo
Conr Designated Agent: Id Full Name				Representa	Leadership PAC	Spo
Conr Designated Agent: Id Full Name Mailing Address	entify by name, address	s (phone number – option	nal)			Spo
Conr Designated Agent: Id	entify by name, address		nal)	TATE A	Leadership PAC ZIP CODE ZIP CODE	Spo

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		g Participant:					
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3.				FEC I	D number	С	
4.		1 1 1 1 1 1		FEC I	D number	С	
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PFRIE	NDS OF PFLU	GER					
Moil	ing Address	PO BOX 30844					
Maiii	ing Address						
		BETHESDA			ı MD ı	20824	
			OITY :				
Dala	At a sa a la tra .				STATE A	ZIP	CODE A
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	Connected		Affiliated Committee			ative Leade	rship PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig raiticipant.		
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4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fo	undraising Representati	ve, or Leadership PAC Spon
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	d Organization Affiliated Committee X	Joint Fundraising Represer	tative Leadership PAC Sp
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h). Joint Fundraisi	ng Participant:		
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ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
SCALISE LEADERS	SHIP FUND 2024		
	320 1ST ST SE		
Mailing Address	320 131 31 31		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
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3.		FEC ID number	С
4		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
SCOTT FRANKLIN	WINGMAN FUND		
Mailing Address	P.O. BOX 2811		
Mailing Address			
	LAKELAND		33806
Deletionship			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
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(h). Joint Fundraisi	ng Participant:		
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	Organization, Affiliated Committee, Joint F	undraising Representativ	re, or Leadership PAC Spons
TEAM NUNN			
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA		22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represen	tative Leadership PAC Sp
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