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Only

STATEMENT OF

PAGE 1/5

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. New Hampshire Principles PAC 1390 Chain Bridge Rd ADDRESS (number and street) Ste 515 (Check if address is changed) McLean 22101 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .john@capitoltreasury.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2021 C00790808 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. Plishka, John, , , Type or Print Name of Treasurer Plishka, John,,, [Electronically Filed] 10 05 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		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.	o or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee I	Name	-
New Hampsh	nire Principles PAC	
<u> </u>	ed Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
	ka, John, , ,	
Full Name Mailing Address	1390 Chain Bridge Rd	
3	Ste 515	
	McLean	22101
Title or Position	CITY STATI	E ZIP CODE
Treasurer	Telephone number	703 - 901 - 6961
Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the comm.g., assistant treasurer).	nittee; and the name and address of
Full Name Plishk of Treasurer	a, John, , ,	
Mailing Address	1390 Chain Bridge Rd	
	Ste 515	
	McLean VA	22101
Title or Position	CITY STATE	
Treasurer	Telephone number	703 901 6961

FEC Form 1 (Re	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or	Thankans rangs.	
Name of Bank, Deposit	itory, etc.	<u> </u>
Name of Bank, Deposit	&T	
Name of Bank, Deposit	&T1909 K St	20006
Name of Bank, Deposit	&T 1909 K St Second Floor	20006 ZIP CODE
Name of Bank, Deposit	Second Floor Washington CITY STATE	
Name of Bank, Deposit BBo Mailing Address	Second Floor Washington CITY STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	Second Floor Washington CITY STATE	
Name of Bank, Deposit BBo Mailing Address	Second Floor Washington CITY STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	Second Floor Washington CITY STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	Second Floor Washington CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: