

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Marty Young for Congress

ADDRESS (number and street) (Check if address
is changed) PO Box 7Pocopson
CITY ▲PA
STATE ▲19366
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

llisker@hdfec.com

Optional Second E-Mail Address
tmoose@hdfec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

VoteYoung.com

2. DATE

07 / 02 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00910059

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 Lisker, Lisa, , ,

Signature of Treasurer

Lisker, Lisa, , ,

Date

07 / 02 / 2025

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
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

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

NONE

Mailing Address

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 St Ste 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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

Lisker, Lisa, , ,

Mailing Address

228 S Washington St Ste 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

703 - 549 - 7705

Full Name of
Designated
Agent

Moose, Taylor, , ,

Mailing Address

228 S Washington St Ste 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.

Chain Bridge Bank

1445A Laughlin Ave

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲