(Revised 06/2012)

FEC

Only

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) is changed) over the lines. Ohioans for JD PO Box 6564 ADDRESS (number and street) (Check if address is changed) Cincinnati 45206 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2021 C00783175 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] 07 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

Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	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. (Complinformation below.)	ete the candidate
Name Cand			
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			Democratic, epublican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		Corporation Wo Capital Stock	Labor Organization
		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 segrommittee. (i.e., nonconnected committee)	regated 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.)	
Join	t 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	JD Vance for Senate Inc. FEC ID number C C0078	3142
	2.	Working for Ohio FEC ID number C C0078	3167
	3.		
	4.		

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Write or Type Committee N		
Ohioans for J	D	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
3		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of the person in	i possession of committee
Lisker,	, Lisa, , ,	
	228 S. Washington St.	
Mailing Address	Ste. 115	
	Alexandria VA 223	14
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	- 549 - 7705
. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and th g., assistant treasurer).	e name and address of
Full Name Lisker, of Treasurer	Lisa, , ,	
Mailing Address	228 S. Washington St.	
	Ste. 115	
	Alexandria VA 223	14
Title or Position	CITY STATE Telephone number	ZIP CODE
	iciopriorie flumbei	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc. ruist/BB&T 1445 New York Ave., NW 4th Floor	1005
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc. ruist/BB&T 1445 New York Ave., NW 4th Floor	0005 ZIP CODE
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc. ruist/BB&T 1445 New York Ave., NW 4th Floor Washington CITY STATE	
safety deposit boxes Name of Bank, Depo Tr Mailing Address	or maintains funds. psitory, etc. ruist/BB&T 1445 New York Ave., NW 4th Floor Washington CITY STATE	
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