Only

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STATEMENT OF **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. ACCOUNTABILITY ACTION 1390 CHAIN BRIDGE RD ADDRESS (number and street) STE 515 (Check if address is changed) **MCLEAN** 22101 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address john@capitoltreasury.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2025 C00849000 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 PLISHKA, JOHN, , PLISHKA, JOHN, , , Date 10 31 2025 Signature of Treasurer 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

Local 202-694-1100

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TYPE O	F COMMITTEE:				
Candid	ate 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 candidate information below.)				
Name Candio					
Candic Party A	date Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	Name of Candidate				
Party C	Committee:  This committee is a	atic, an, etc.) Party			
Politica (e)	Il Action Committee (PAC):  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is			
	Corporation Corporation w/o Capital Stock Labor	r Organization			
	Membership Organization Trade Association Coop	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 segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
(g) X	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 F	undraising 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.	o or more political			
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Com	mittees Participating in Joint Fundraiser				
1	C				

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٧	Vrite or Type Committee Name	,		<u> </u>		
	ACCOUNTABIL	TY ACTION				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	NONE					
	Mailing Address					
		I				
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Relationship: Connected		raising Representative	Leadership PAC Spons		
	Trelationship.	Organization John Fullated Organization John Fullated	alsing hepresentative	Leadership 1 AO Opons		
_						
7.	Custodian of Records: Ident books and records.	ustodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee poks and records.				
	PLISHKA,	JOHN,				
	Full Name					
	Mailing Address	1390 CHAIN BRIDGE RD				
		STE 515				
		MCLEAN	, VA , 22101			
	Title or Decition —	CITY ▲	STATE ▲	ZIP CODE ▲		
	Title or Position ▼   Treasurer		, 703 , ,	901   6961		
	Treasurer	Telephone	e number	901 – 0901		
8.	<b>Treasurer:</b> 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 PLISHKA,	JOHN, , ,				
	of Treasurer	1000 01411 0010 00				
	Mailing Address	1390 CHAIN BRIDGE RD				
		STE 515				
		MCLEAN	VA 22101			
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Title or Position ▼					
	Treasurer		e number 703 - L	901  -  6961		

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Full Name of Designated Agent			
Mailing Address			
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depositorion safety deposit boxes or main	es: List all banks or other depositories in watains funds.	hich the committee deposits fu	inds, holds accounts, rents
Name of Bank, Depository, e	etc.		
FORBRI	GHT BANK		
Mailing Address	4801 MONTGOMERY LN		
	BETHESDA	MD	20814
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LHF 9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A 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. Occasionally, this PAC operates using the following project or initiative names: Police and Sheriffs United, Action on Immigration, and Veterans Support Committee PAC. All messaging and fundraising material reference Accountability Action to provide full transparency.

Form/Schedule: Transaction ID: