Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Buckhout for Congress-GTM NF NC01 228 S Washington St Ste 115 ADDRESS (number and street) (Check if address is changed) Alexandria 22314 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 31 2024 C00857839 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. Type or Print Name of Treasurer Lisker, Lisa, , Date 04 09 2024 Signature of Treasurer Lisker, Lisa, , , 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate
Name of Candidate Buckhout, Laurie, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NC District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotriot 01
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	or Organization
	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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.	o 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.	o or more political
Committees Participating in Joint Fundraiser	
1 C	

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٧	Vrite or Type Committee Name		
	Buckhout for Co	ngress-GTM NF NC01	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	GROW THE MAJOR	ITY	
	Mailing Address	228 S WASHINGTON ST STE 115	
		1	
		ALEXANDRIA	VA 22314 -
		CITY A S	TATE ▲ ZIP CODE ▲
	ви и По		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising R	Representative Leadership PAC Sponso
7.		ify by name, address (phone number optional) and position of the	he person in possession of committee
	books and records.		
	Lisker, Lisa	i , , ,	
	Full Name	229 S Weshington St Sto 115	
	Mailing Address	228 S Washington St Ste 115	
		Alexandria	VA 22314 - - -
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼	5	2 332 =
	Treasurer		703 549 7705
		Telephone number)r
8.	Traceurary List the name an	d address (phone number optional) of the treasurer of the co	ommittage and the name and address of
0.	any designated agent (e.g., a		minimize, and the name and address of
	Full Name Lisker, Lisa	à	
	of Treasurer	 	
	Mailing Address	228 S Washington St Ste 115	
		ıAlexandria	VA 22314
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	er 703 - 549 - 7705

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Full Name of Designated Agent	лооse, Taylor, , ,		
Mailing Address	228 S Washington St Ste 115		
	Alexandria	VA 223	314
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer		lephone number 703	- 549 - 7705
	epositories: List all banks or other depositories in which to be or maintains funds.	the committee deposits funds, h	nolds accounts, rents
Name of Bank, Dep	ository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin Ave		
	McLean	VA 221	01
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	ository, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundrais i	• .		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connecte	I Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
LAURIE BUCKHOU			· · ·
Mailing Address	PO BOX 97275		
	RALEIGH	NC NC	27624
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint Joi	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white paintains funds.	STATE A Telephone Number	ZIP CODE A