Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) JD Vance for Senate Inc. PO Box 6564 ADDRESS (number and street) (Check if address is changed) Cincinnati OH 45206 CITY A STATE A ZIP CODE ▲ 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 2022 C00783142 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 15 2022 Signature of Treasurer Date 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

E	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) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Vance, J, D, ,	
	Candidate Party Affiliation REP Sought: House Senate President	State OH District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	janization
	Membership Organization Trade Association Cooperation	ve .
	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 committee. (i.e., nonconnected committee)	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

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٧	Vrite or Type Committee Na	me	
	JD Vance for	Senate Inc.	
6.		I Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
	Ohioans for JD		
	Mailing Address	PO Box 6564	
		Cincinnati	H 45206
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Relationship: Connect	ted Organization Affiliated Organization 🗶 Joint Fundraising Rep	
	rielationship.	Anniated Organization	Leadership 1 AO Sponso
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the	person in possession of committee
	Lisker, L	_isa, , ,	
	Full Name		
	Mailing Address	228 S. Washington St.	
		Ste. 115	
		Alexandria	A 22314
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	703 - 549 - 7705
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the com g., assistant treasurer).	mittee; and the name and address of
	Full Name Lisker, L	_isa, , ,	
	of Treasurer		
	Mailing Address	228 S. Washington St.	
		Ste. 115	
		Alexandria	/A 22314
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼	3 = GIA	
	Treasurer	Telephone number	703 - 549 - 7705

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telepho	ne number	
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which the contains funds.	ommittee deposits funds,	holds accounts, rents
Name of Bank, Depository,	etc.		
Truist/E	BB&T		
Mailing Address	1445 New York Ave., NW		
	4th Floor		
	Washington	DC 200	005
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Chain I	Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA221	01 - - -
	CITY ▲	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ig i ai tioipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST		
	STE 115		
Relationship:	ALEXANDRIA CITY	VA STATE ▲	22314 ZIP CODE ▲
riolationomp.	OIT 2	SIAIL	ZIF CODE A
Connecte esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	CITY A	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	CITY A Telepries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A pries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A pries: List all banks or other depositories in which aintains funds.	elephone Number	

FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisir	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fund PUBLICAN NOMINEE FUND 2022	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 9891		
	ARLINGTON	VA VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Spo
	Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		
Pesignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	Leadership PAC Spo
Pesignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor deposit boxes or mail	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraising Represer	Leadership PAC Spo
Designated Agent: Identif			tative Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identif			Leadership PAC Spo
Pesignated Agent: Identing Full Name Mailing Address	y by name, address (phone number – optiona		Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optiona		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or management of Bank, Depository, etc. Mailing Address	ories: List all banks	CITY or other depositories in when the state of the stat	Telephone Number	ZIP CODE ZIP CODE Sits funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ories: List all banks		Telephone Number	
Banks or Other Depositors of Bank, Depository, etc.	ories: List all banks		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks		Telephone Number	
Banks or Other Deposito	ories: List all banks		Telephone Number	
			Telephone Number	
TITLE OR POSITION	▼	CITY A		ZIP CODE ▲
TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
	ı			
Mailing Address				
Full Name				
Designated Agent: Identif	y by name, address	s (phone number – optiona)	
Connecte	d Organization	Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Spo
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
	AUSTIN		TX L	78711
Mailing Address	PO BOX 13026			
CORNYN VICTO	RY COMMITT	EE 		
	_		ındraising Representat	ive, or Leadership PAC Sponso
4			FEC ID number	[C]
			FEC ID number	
3.			FEC ID number	