Image# 20240517964	6051606
FEC	
-	

05/17/2024 10 : 46

PAGE 1 / 16 🗕

STATEMENT	OF
ORGANIZATI	ON

FORM 1	•••••••••		Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Van Orden for Cor	ngress		
	PO BOX 1836		
ADDRESS (number and street)			
(Check if address is changed)			
Ç ,			WI     54602
	CITY ▲		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address	margee@sageadvisorygroup	D.CO	
is changed)			
	Optional Second E-Mail Add		
<ul> <li>(Check if address is changed)</li> </ul>	www.vanordenforcongress.con	n 	
	7 2024		
3. FEC IDENTIFICATION N	UMBER ► C CO	0742007	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined t	his Statement and to the best of	of my knowledge and belief it i	is true, correct and complete.
Type or Print Name of Treasure	er Clancy, Mary, , Mrs.,		
Signature of Treasurer Clar	ncy, Mary, , Mrs.,		Date 05 17 2024
NOTE: Submission of false, error		nay subject the person signing th ION SHOULD BE REPORTED V	nis Statement to the penalties of 52 U.S.C. §3010 WITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

FE	EC Form 1	(Revi	sed 03/2022)							Page
5.	TYPE O	F CO	MMITTEE:							
	Candida	ate C	committee:							
	(a) 🗙	This	committee is a prin	cipal campaign co	ommittee. (C	omplete the cand	lidate inforr	nation belo	w.)	
	(b)		committee is an au nation below.)	thorized committe	e, and is NC	OT a principal ca	mpaign cor	nmittee. (Co	omplete the	e candidate
	Name Candid		Van Orden,	Derrick, F., I	Mr.,					
	Candid	ate		Office				-		State

information below.)
Name of Candidate Van Orden, Derrick, F., Mr.,
Candidate Party Affiliation REP Office Sought: X House Senate President District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate
Party Committee:
(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, 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 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 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) 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:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2.

FEC Form 1 (Revised 02/2009)	Р	age <b>3</b>
Write or Type Committee Name		
Van Orden for Congress		

6.	Name of Any Connected Or	ganization, Affiliated	Com	mit	tee,	Joir	nt F	und	dra	isir	ng I	Rep	ore	ser	ntat	ive	, o	r L	ead	ers	hip	PA	0 9	Spo	ns	or	
	2A Defense Fund																										
	Mailing Address	824 S Miledge Ave.																									
		Ste 101																									
		Athens													GA			[3	8060	15 			-[				
			CI		•								:	STA	λΤΕ						ZIF	o co	D	E 🖌	•		
	Relationship: Connected	Organization Affilia	ated C	rgar	nizati	on	×	<b>(</b> J	oint	Fu	ndr	aisi	ng	Re	pre	sen	tativ	/e	E	L	.eac	dersł	nip	PA	c s	spor	ISC

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Clancy, M	Mary, , Mrs.,
Full Name	
Mailing Address	11972 Grey Oaks Park Rd.
	Glen Allen       VA       23059         Image: Image of the state of the
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number     703     989     6167

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	Clancy, Mary, , Mrs.,
Mailing Address	11972 Grey Oaks Park Rd.
	Glen Allen VA 20359 –
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image:

FEC Form 1	(Revised 02/2009) Page 4	•
Full Name of Designated Agent	Goede, Staci, , Mrs.,	
Mailing Address	7816 Rose Garden Ln.	
	Springfield         VA         22153           Image:	
	CITY ▲ STATE ▲ ZIP CODE ▲	L .
Title or Position	▼	
Assistant Treasur	rer Telephone number703371	5852

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, NA		
Mailing Address	1445-A Laughlin Ave.		
	McLean	VA 22101	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D			
	Classic City Bank		
Mailing Address	2365 W. Broad St.		
	Athens	GA 30606	
	CITY 🔺	STATE ▲	ZIP CODE

L

1					
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	С
Name of Any Conn	ected Organization,	Affiliated Committee, Joint	Fundraising F	epresentativ	e, or Leadership PAC Sponso
American Battle	ground Fund				
Mailing Addres	s PO Box 308	344 			
	Bethesda			MD I	20824
Relationship:				L⊥⊥ STATE ▲	
riolationomp.			_		
	nnected Organization		Joint Fundrais	ing Represent	ative Leadership PAC Spor
	-	Affiliated Committee		ing Represent	ative Leadership PAC Spor
Designated Agent:	-			ing Represent	ative Leadership PAC Spor
Designated Agent:	-			ing Represent	Leadership PAC Spor
Designated Agent:	-			ing Represent	Leadership PAC Spor
Designated Agent:	-	dress (phone number – optio			
Designated Agent:	Identify by name, add			sing Represent	Leadership PAC Spor

(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	C
2.				FEC ID number	C
3.				FEC ID number	C
4.				FEC ID number	C
. Name	of Any Connected (	Drganization, Affiliate	d Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
DV					
ſ	Mailing Address	11972 GREY OAKS	PARK RD.		
		GLEN ALLEN			23059
F	Relationship:			STATE A	
		by name, address (pł	ione number – optional)		
Fu	II Name	by name, address (pr	none number – optional)		
Fu		by name, address (pr	none number - optional)		
Fu	II Name	by name, address (pr	none number - optional)		
Fu	II Name	by name, address (pr	none number - optional)		
Fu	II Name		none number – optional)		<ul> <li></li></ul>
Fu	II Name			L I I I I I I I I I I I I I I I I I I I	
Fu Ma TI Banks safety Name Deposi	II Name		CITY  CITY  CITY	Telephone Number	

L

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2			FEC ID number	С
3			FEC ID number	С
4			FEC ID number	С
6. Nam	e of Any Connected (	Drganization, Affiliated Committee, Joint Fundrais	ing Representative	, or Leadership PAC Sponsor
	mmer Majority Builde			
	Mailing Address	824 S Milledge Ave.		
		Ste. 101		
			GA	30605
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint Fu	Indraising Representa	tive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	Tull Name			
F	ull Name			ZIP CODE ▲
9. Bank safety	Full Name          Mailing Address         TITLE OR POSITION         Sor Other Depositoring         y deposit boxes or main	CITY A CITY A Telep	bhone Number	
9. Bank safety Name	Full Name          Mailing Address         TITLE OR POSITION         Sor Other Depositoring         y deposit boxes or main	CITY  CITY  Telep	bhone Number	
9. Bank safety Name	Full Name          Mailing Address         TITLE OR POSITION         Ites or Other Depositoring         y deposit boxes or maine         e of Bank,       Wells Factoring	CITY A CITY A Telep	bhone Number	
9. Bank safety Name	Full Name	CITY  CITY  Telep	bhone Number	
9. Bank safety Name	Full Name	CITY  CITY  Telep	bhone Number	

L

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4. [			FEC ID number	С
. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	ing Poprosontati	ve or Leadership BAC Sponsor
	-	Republican Members Trust AKA FARM Trust		
N	lailing Address	PO Box 30844		
		Bethesda	MD	20824
F	elationship:	CITY 🔺	STATE A	ZIP CODE
		by name, address (phone number – optional)		
Ful	Name			
Ма	iling Address			
Tľ	TLE OR POSITION <b>V</b>	CITY A	STATE A	ZIP CODE
		Telep	hone Number	
safety o Name o	or Other Depositorie deposit boxes or main of Bank, tory, etc.	es: List all banks or other depositories in which the tains funds.		sits funds, holds accounts, rents
	Mailing Address			

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	
2.			FEC ID number	
3.			FEC ID number	
4.			FEC ID number	
6. <b>Name</b>	e of Any Connected (	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponso	or
Gr	ow the Majority			I
	Mailing Address	228 S. Washington St.		
		Ste 115		
		Alexandria	VA   22314	.
	Relationship:		STATE A ZIP CODE A	
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representative	nsor
F	ull Name			
M	lailing Address			
				.
				.
-	TITLE OR POSITION		STATE ▲ ZIP CODE ▲	
				.
L			ephone Number	
			ne committee deposits funds, holds accounts, rents	
safety	v deposit boxes or main	ntains funds.		
	e of Bank, sitory, etc.			
	Mailing Address			

L

5(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	C
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
6. <b>Name</b>	of Any Connected C	rganization, Affiliated Committee,	Joint Fundrais	ing Representative	e. or Leadership PAC Sponsor
	Farm Team 2024				
1	Mailing Address	PO Box 30844			
		Bethesda			20824
F	Relationship:	CITY A		STATE A	
	Connected	Drganization Affiliated Committee	e 🗙 Joint Fu	ndraising Representa	ative Leadership PAC Sponsor
	nated Agent: Identify	y name, address (phone number –	optional)		
Fu		y name, address (phone number -	optional)		
Fu	II Name	by name, address (phone number -	optional)		
Fu	II Name	by name, address (phone number	optional)		
Fu Ma	II Name		optional)		
Fu Ma	II Name			→ → → → → → → → → → → → → → → → → → →	
Fu Ma 9. <b>Banks</b> safety Name	II Name			bhone Number	
Fu Ma 9. <b>Banks</b> safety Name Deposi	II Name			bhone Number	
Fu Ma 9. <b>Banks</b> safety Name Deposi	II Name			bhone Number	

L

5(g) or (h). Joint Fundraising	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e. or Leadership PAC Sponsor
Pfriends of Pfluger			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY 🔺	STATE A	ZIP CODE
	Organization Affiliated Committee Joint F by name, address (phone number – optional)	undraising Representa	tive Leadership PAC Sponsor
Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE 🔺
	Tele	phone Number	
<ul> <li>Banks or Other Depositor safety deposit boxes or mai</li> <li>Name of Bank, Depository, etc.</li> </ul>	<b>ies:</b> List all banks or other depositories in which th intains funds.	e committee deposits	s funds, holds accounts, rents
Mailing Address			
	1		

L

5(g) or (	(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N	-	Drganization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Protect the House 202	4		
	Mailing Address	PO Box 30844		
		Bethesda		20824
	Relationship:	CITY 🔺	STATE A	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number – optional)		
8. D		by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name			
8. D	Full Name		I I I I I I I I I I I I I I I I I I I	
9. <b>B</b>	Full Name		elephone Number	
9. <b>B</b> Sa N	Full Name		elephone Number	
9. <b>B</b> Sa N	Full Name Mailing Address TITLE OR POSITION T  tanks or Other Depositori afety deposit boxes or main lame of Bank,	CITY A	elephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION         Lanks or Other Depositori         afety deposit boxes or main         lame of Bank,         pepository, etc.	CITY A	elephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION         Lanks or Other Depositori         afety deposit boxes or main         lame of Bank,         pepository, etc.	CITY A	elephone Number	

5(g) or (h).	Joint Fundraising	) Participant:	
1.			FEC ID number C
2.			FEC ID number C
3.			FEC ID number C
4.			FEC ID number
6. <b>Name</b>	e of Any Connected (	Organization Affiliated Committee Joint Fundra	ising Representative, or Leadership PAC Sponsor
	calise Leadership Fu	-	
	Mailing Address	320 1st St., Sean	
		Washington	DC 20003
	Relationship:	CITY A	STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative
_		by name, address (phone number – optional)	
M	lailing Address		
7	TITLE OR POSITION		STATE ▲ ZIP CODE ▲
L		Tele	ephone Number
	s or Other Depositori deposit boxes or mai		ne committee deposits funds, holds accounts, rents
	e of Bank, sitory, etc.		
	Mailing Address		
	0		
	, and the second s		
	J	L	

5(g) or (h).	Joint Fundraising	Participant:		
1	1		FEC ID number	
2	2.		FEC ID number C	
3	3.		FEC ID number	
2	4. 🔄 🖂 🖂 🖂		FEC ID number	
6. <b>Nam</b>	ne of Any Connected (	Drganization, Affiliated Committee, Joint Fundra	ising Representative, or Leaders	hip PAC Sponsor
	ransportation Trust F	-		
L				
	Mailing Address	502 6th St.		
		Hudson	WI 54016	
	Relationship:	CITY A	STATE A 2	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative	adership PAC Sponsor
	ignated Agent: Identify Full Name	by name, address (phone number – optional)		
ſ	Mailing Address			
	TITLE OR POSITION		STATE A ZII	P CODE 🔺
l		Tele	ephone Number	
	ks or Other Depositori ty deposit boxes or mai	ies: List all banks or other depositories in which th ntains funds.	ne committee deposits funds, holds	accounts, rents
	ne of Bank, ository, etc.			
	Mailing Address			
		1		

5(g) or (h).	Joint Fundraising	g Participant:				
1.					D number	С
2.				FEC II	D number	С
3.				FEC II	D number	С
4.				FEC II	D number	С
		· · · · · · ·				
S. Name	of Any Connected	Organization, Affil	iated Committee, Joint	Fundraising Rep	oresentative	, or Leadership PAC Sponsor
Va	n Orden Victory Fu	nd				
I	Mailing Address	11972 Grey Oak	s Park Rd			
		Glen Allen		1		23059
I	Relationship:		CITY A		STATE A	ZIP CODE A
	Connected	Organization	Affiliated Committee	<ul> <li>Joint Fundraising</li> </ul>	g Representa	tive Leadership PAC Sponsor
Fu	II Name					
Ma	ailing Address					
				1		-
т	ITLE OR POSITION	▼			STATE A	
		•		Telephone N	umber	
). <b>Banks</b> safety	or Other Depositor deposit boxes or ma	ries: List all banks intains funds.	or other depositories in	which the commi	ttee deposits	s funds, holds accounts, rents
	of Bank, itory, etc.					
	Mailing Address					
			CITY A		STATE 🔺	ZIP CODE

5(g) oi	r(h). Joint Fundraisin	ig Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative, or Leadership PAC Sponsor
	Van Orden-Wilson Vi		<b>3</b>
	Mailing Address	11972 Grey Oaks Park Rd.	
			VA
	Relationship:	CITY 🔺	STATE A ZIP CODE A
	Connected	d Organization	t Fundraising Representative 🗌 Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)	
8.		y by name, address (phone number - optional)	
8.	Full Name	y by name, address (phone number - optional)	
8.	Full Name	y by name, address (phone number - optional)	
8.	Full Name		
8.	Full Name		
8.	Full Name		Image: Image
9.	Full Name		
9.	Full Name Mailing Address TITLE OR POSITION		elephone Number
9.	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma Name of Bank,		elephone Number
9.	Full Name		elephone Number
9.	Full Name		elephone Number