Only

## STATEMENT OF

PAGE 1 / 4

**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. Red Hook PAC 228 S. Washington St. ADDRESS (number and street) (Check if address Ste. 115 is changed) Alexandria 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address tmoose@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00817825 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] 06 10 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

FEC Form 1 (Revised 03/2022)	Page 2					
. TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign co	ommittee. (Complete the candidate information below.)					
(b) This committee is an authorized committee information below.)	e, and is NOT a principal campaign committee. (Complete the candidate					
Name of Candidate						
Candidate Office Party Affiliation Sought:	House Senate President District					
(c) This committee supports/opposes only one	e candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a	tional, State (Democratic, subordinate) committee of the Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated f	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.						
	an one Federal candidate, and is NOT a separate segregated 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 L	In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee wit	th both contribution and non-contribution accounts (Hybrid PAC).					
In addition, this committee is a L	Lobbyist/Registrant PAC.					
Joint Fundraising Representative:						
(1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political					
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.						
Committees Participating in Joint Fundraiser						
1.	C					

	FEC Form 1 (Revised 0)	2/2009)	Page <b>3</b>
V	rite or Type Committee Name	·	<u> </u>
	Red Hook PAC		
6.	Name of Any Connected Or MOLINARO, MARCU	ganization, Affiliated Committee, Joint Fundraising Representative $S_{1},\ldots,S_{n}$	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 5158	
		POUGHKEEPSIE NY	12602
		CITY ▲ STATE ▲	ZIP CODE A
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represer	ntative <b>x</b> Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person	on in possession of committee
	Lisker, Lisa		
	Full Name	 <u>                                    </u>	
	Mailing Address	228 S. Washington St.	
		Ste. 115	
		Alexandria	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	STATE =	ZIF CODE A
	Treasurer	Telephone number	703 - 549 - 7705
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committe ssistant treasurer).	ee; and the name and address of
	Full Name Lisker, Lisa	,,	
	of Treasurer		
	Mailing Address	228 S. Washington St.	
		Ste. 115	
		Alexandria	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	703 - 549 - 7705

FE	C Form 1	(Revised 02/2009)		Page <b>4</b>			
Full Na Designa Agent		Moose, Taylor, , ,					
Mailing	Address	228 S. Washington St.					
		Ste. 115					
		Alexandria	VA L	22314			
Title or	Position <b>1</b>	CITY ▲	STATE ▲	ZIP CODE ▲			
	ant Treasui		umber	703 - 549 - 7705			
	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 o	Name of Bank, Depository, etc.						
	Chain Bridge Bank						
Mailing	Address	1445 A Laughlin Blvd					
		McLean	VA L	22101			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name o	of Bank, D	epository, etc.					
		Truist					
Mailing	Address	1445 New York Ave NW					
		Washington	DC	20005			
		CITY A	STATE ▲	ZIP CODE ▲			