PAGE 1/5

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. Anne Arundel Forward 228 S. Washington St. ADDRESS (number and street) Ste. 115 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A 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 06 2021 C00790881 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] 10 06 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	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
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
Anne Arundel	Forward	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
J		
		- !
	CITY STATE	ZIP CODE
	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: I books and records. 	Identify by name, address (phone number optional) and position of the person	in possession of committee
Lisker, Full Name	Lisa, , ,	
Mailing Address	228 S. Washington St.	
Mailing Address	Ste. 115	
	Alexandria VA 2	2314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	_ 549 _ 7705
. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Lisker, of Treasurer	Lisa, , ,	
Mailing Address	228 S. Washington St.	
	Ste. 115	
	Alexandria VA 22	2314
Title or Position Treasurer	CITY STATE 703	ZIP CODE
	Telephone number] – [_

T LO TOITI I	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, hold es or maintains funds. pository, etc. Truist/BB&T	<u> </u>
Name of Bank, Dep	pository, etc.	
Name of Bank, Dep	es or maintains funds. pository, etc. Truist/BB&T 1445 New York Ave., NW 4th Fl.	ZIP CODE
Name of Bank, Dep	pository, etc. Truist/BB&T 1445 New York Ave., NW 4th Fl. Washington CITY STATE	
Name of Bank, Dep Mailing Address	pository, etc. Truist/BB&T 1445 New York Ave., NW 4th Fl. Washington CITY STATE	
Name of Bank, Dep Mailing Address	pository, etc. Truist/BB&T 1445 New York Ave., NW 4th Fl. Washington CITY STATE	
Name of Bank, Dep Mailing Address	pository, etc. Truist/BB&T 1445 New York Ave., NW 4th Fl. Washington CITY STATE	
Name of Bank, Dep Mailing Address Name of Bank, Dep	pository, etc. Truist/BB&T 1445 New York Ave., NW 4th Fl. Washington CITY STATE	
Name of Bank, Dep Mailing Address Name of Bank, Dep	pository, etc. Truist/BB&T 1445 New York Ave., NW 4th Fl. Washington CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raisedin unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: