Only

## STATEMENT OF

PAGE 1/7

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MCCONNELL SENATE COMMITTEE PO BOX 1496 ADDRESS (number and street) (Check if address is changed) LOUISVILLE 40201 ΚY 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 2024 C00193342 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 03 20 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

E	Form 1 (Revised 03/2022) Page 2	
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	a) X 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 candidate information below.)	
	Name of Candidate McConnell, Mitch, , ,	
	Candidate Party Affiliation REP Office Sought: House X Senate President District	KY 00
	c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	7
	Name of Candidate	
	Party Committee:  d) This committee is a (National, State or subordinate) committee of the 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	I
	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.	I
	Committees Participating in Joint Fundraiser	
	1C	-

Treasurer

	_			
I	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			1.01
	MCCONNELL SI	ENATE COMMITTEE		
6.		ganization, Affiliated Committee, Joint Fundrais	sing Representative, or Leader	ship PAC Sponsor
	MCCONNELL FOR N	MAJORITY LEADER COMMITTEE		1
	Mailing Address	228 S WASHINGTON ST STE 115		
		ALEXANDRIA	VA 22314	1-1
		OLTV A	OTATE A	710 0005 4
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint I	Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and	I position of the person in possess	sion of committee
	Lisker, Lisa			
	Full Name			
	Mailing Address	228 S Washington St Ste 115		
	Ç			
		Alexandria	VA 20244	
		Alexandria	VA 22314	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telep	phone number 703 - [	549 7705
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasussistant treasurer).	urer of the committee; and the n	name and address of
	Full Name Lisker, Lisa of Treasurer	,,, 	<u> </u>	
	Mailing Address	228 S Washington St Ste 115		
		Alexandria	VA 22314	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

703

Telephone number

549

7705

FEC <b>Fo</b> i	rm 1 (Revised (	02/2009)			Page <b>4</b>
Full Name of Designated Agent	f Davis, Kei	th, , ,			
Mailing Addro	ess	Ste. 115			
		Alexandria		L VA	22314
Title or Posit	ion <b>▼</b>	CI	TY 🛦	STATE ▲	ZIP CODE ▲
Assistant Tre	easurer		Telep	phone number	03
	her Depositori it boxes or main	es: List all banks or other datains funds.	epositories in which the	e committee deposits fu	unds, holds accounts, rents
Name of Bar	nk, Depository, o	etc.			
	Republic	Bank & Trust			
Mailing Addre	ess	2801 Bardstown Rd.			
		Louisville		KY	40205
		Cl	TY ▲	STATE ▲	ZIP CODE ▲
Name of Bar	nk, Depository, o	etc.			
	Wells Fa	argo			
Mailing Addre	ess	1753 Pinnacle Dr.			
					20100
		McLean		STATE A	22102 ZIP CODE ▲
				SIAIE A	ZIF GODE A

FEC Form 1S (Revised 02/2017)

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

D	<b>~</b> 7	
Page	of '	

		Participant:				
1.				FEC II	) number	C
2. 🔲				FEC II	) number	С
3. 🗔				FEC II	number	С
4.				FEC II	number	C
	_	_		Fundraising Rep	oresentative	e, or Leadership PAC Spons
MCCC	ONNELL VICTOR	RY COMMITTEE	: 			
Mail	ling Address	228 S. WASHING	STON ST.			
iviali	iiig Addiess	STE. 115				
		ALEXANDRIA			ı VA ı	22314
Rola	ationship:		CITY A		STATE A	ZIP CODE ▲
11010	ationship.	_	CITY	-	SIAIE	ZIP CODE A
Designate	ed Agent: Identity	by name, address	(phone number – option	nal)		
Full N		by name, address	(phone number – option	nal)		
Full N		by name, address	(phone number – option	nal)		
Full N	lame	by name, address	(phone number – option	nal)		
Full N	lame	by name, address	(phone number – option	nal)		
Full N	lame		(phone number – option		STATE A	ZIP CODE A
Full N	lame					ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page	of <sup>7</sup>	
raue	OI .	

	ŭ	Participant:				
1				FEC I	D number	С
2.				FEC I	D number	С
3.				FEC I	D number	С
4.				FEC I	D number	C
Name of Any	y Connected O	rganization, Affiliat	ed Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
TEAM MO	CCONNELL					
Mailing	Addraga	228 S. WASHINGTO	ON STREET			
iviaiiirig	Address	SUITE 115				
		ALEXANDRIA			ı VA ı	22314
Dolotio	a a h i a .	ALEXANDICIA				
Relation	nsnip:	_	CITY A		STATE ▲	ZIP CODE ▲
Designated A	Connected (		phone number – option	nal)		
Designated A	Agent: Identify b		phone number – option	nal)		
	Agent: Identify to		phone number – option	nal)		
Full Name	Agent: Identify to		phone number – option	nal)		
Full Name	Agent: Identify to		phone number – option	nal)		
Full Nam	Agent: Identify to	by name, address (p	ohone number – option	nal)	STATE A	ZIP CODE A
Full Nam	Agent: Identify to the last of	by name, address (p		nal)  Telephone N		ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

D	<b>~</b> 7	
Page	of '	

1.					
			FEC I	D number	C
3			FEC I	D number	С
J			FEC I	D number	С
4.			FEC I	D number	C
Name of Any Connected	Organization, Aff	iliated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
					_
Connected Connec	d Organization  y by name, addres	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name				g Representa	ative Leadership PAC Spo
Connected Connec				g Representa	ative Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name				g Representa	ative Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name  Mailing Address	y by name, addres	es (phone number – option			
Connected  Designated Agent: Identify  Full Name	y by name, addres			STATE A	Leadership PAC Spo