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STATEMENT OF **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) HOUSE CONSERVATIVES FUND 228 S. Washington St., Ste. 115 ADDRESS (number and street) (Check if address 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 cstamper@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.houseconservatives.com (Check if address is changed) DATE 18 2023 C00326439 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 2023 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
•,			Local 202-694-1100

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	tion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Name of Candidate	<u> </u>
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	mmittee.
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 li	ine 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 scommittee. (i.e., nonconnected committee)	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 Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution a	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 committees/organizations, at least one of which is an authorized committee of a fed	
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal care	
Committees Participating in Joint Fundraiser	
1. [, , , , , , , , , , , , , , , , ,]	C
	C

	FEC Form 1 (Revised 0	•		Page 3
۷	Write or Type Committee Name			
		SERVATIVES FUND		
6.	Name of Any Connected Of CLINE, BENJAMIN L	rganization, Affiliated Committee, Joint Fundrai FF	sing Representative, or Leade	rship PAC Sponsor
		,,,		
	Mailing Address	P.O. BOX 797		
		FINCASTLE	VA 24090	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint	Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number optional) and	d position of the person in posses	ssion of committee
	Lisker, Lisa	ı, , ,		
	Full Name			
	Mailing Address	228 S. Washington St., Ste. 115		
		Alexandria	VA 22314	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	5111 =	01/112 —	211 0002 —
	Treasurer	Tale	phone number 703 - [549 - 7705
		icie	priorie ridifibei	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treas assistant treasurer).	surer of the committee; and the	name and address of
	Full Name Lisker, Lisa	ı, , ,		
	of Treasurer			
	Mailing Address	228 S. Washington St., Ste. 115		
	-			
		Alexandria	, VA , 22314	
		, ushalishi	22312	
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Treasurer		phone number 703 -	549 - 7705

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Full Name of Designated Agent	Davis, Keith, , ,	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 22314	
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur	Telephone number 703	549 - 7705
	Depositories: List all banks or other depositories in which the committee deposits funds, holds are or maintains funds.	accounts, rents
Name of Bank, D	pepository, etc.	
	Wells Fargo	
Mailing Address	P.O. Box 563966	
	Charlotte NC 28256	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Truist/BB&T	<u></u> 1
Mailing Address	1445 New York Ave NW	
	Washington DC 20005	
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng 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	d Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Sponso
CONSERVATIVE	E LEADERSHIP IN ELECTIONS PA	C	
Mailing Address	P.O. BOX 1048		
	LEESBURG	VA VA	20177
	OITV A	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization Affiliated Committee Journal of the property of t	oint Fundraising Representa	ative Leadership PAC Spo
Connect	ed Organization X Affiliated Committee Jo	int Fundraising Representa	ative Leadership PAC Spo
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Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Journal Ify by name, address (phone number – optional) CITY ▲	STATE A	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	Affiliated Committee Journal J	STATE A Telephone Number	ZIP CODE A
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Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or markets	Affiliated Committee Journal J	STATE A Telephone Number	ZIP CODE A
Connected Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or many Name of Bank, Atlanta	Affiliated Committee Journal of the property	STATE A Telephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Safety deposit boxes or make of Bank, Depository, etc.	Affiliated Committee Journal of the property	STATE A Telephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Safety deposit boxes or make of Bank, Depository, etc.	Affiliated Committee Journal of the property	STATE A Telephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents

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

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	555 METRO PL N		
	STE 525		
	DUBLIN	OH	43017
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Ington National Bank	STATE A	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
BANKS VICTOR	Y FUND		
	PO BOX 30844		
Mailing Address			
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir	g Participant:			
1.		FEC ID	number	C
2.		FEC ID	number	С
3.		FEC ID	number	С
4.		FEC ID	number	C
	Organization, Affiliated Committee, Joint	Fundraising Repr	esentativ	e, or Leadership PAC Spor
HOUSE CONSER	RVATIVES TRUST			
	PO BOX 30844			
Mailing Address				
	BETHESDA		MD	20824
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Organization Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC S
Connecte	d Organization Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC S
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			Representa	ative Leadership PAC S
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