Only

STATEMENT OF

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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. Daines Senate Majority Fund 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 (Check if address llisker@hdafec.com is changed) Optional Second E-Mail Address tmoose@hdlfec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00571596 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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, , 11 20 2024 Signature of Treasurer Lisker, Lisa, , , 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

2. Steve Daines For Montana

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EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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 information below.)	. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Perturbation	State resident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	ttee.
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	a.) 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.	Cooperative
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separ committee. (i.e., nonconnected committee)	rate 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 accou	ınts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) X This committee collects contributions, pays fundraising expenses and disburses net procedure committees/organizations, at least one of which is an authorized committee of a federal of	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate.	•
Committees Participating in Joint Fundraiser	
Big Sky Opportunity Pac	C00542027

C C00491357

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W	rite or Type Committee Name	Acionity Fund		
6.	Daines Senate M	/lajOffty Fund rganization, Affiliated Committee, Jo	pint Fundraising Represent	ative, or Leadership PAC Sponsor
	NONE			
	Mailing Address			
		CITY A	STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repr	esentative Leadership PAC Spons
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number	optional) and position of the p	person in possession of committee
	Lisker, Lisa	, , ,		
	Full Name	228 S. Washington St.		
	Mailing Address	Ste. 115		
		Alexandria	L VA	22314
	Tille ou Desiries —	CITY ▲	STAT	ZIP CODE ▲
	Title or Position ▼ Treasurer	1		703 549 7705
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the comm	mittee; and the name and address of
	Full Name Lisker, Lisa of Treasurer	,,, 		
	Mailing Address	228 S. Washington St.		
	maining / Mulicoo	Ste. 115		
		Alexandria	, , V	A 22314
	Title or Position ▼	CITY ▲	STAT	TE ▲ ZIP CODE ▲
	Treasurer		Telephone number	703 549 7705

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone r	number	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the commatains funds.	nittee deposits funds, hold	ds accounts, rents
Name of Bank, Depository, e	etc.		
BB&T Mailing Address	1909 K St., NW		
Mailing Address			
	Washington	DC 20006	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.		
Mailing Address			
	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 Fundrais			
1. NRSC		FEC ID number	C C00027466
2. MORE JOBS, LES	S GOVERNMENT	FEC ID number	C C00693838
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spons
Mailian Adalas	I		
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ted Organization Affiliated Committee	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	tify by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Identification of the Full Name Mailing Address TITLE OR POSITIO	tify by name, address (phone number – optional		
esignated Agent: Identification of the Full Name Mailing Address TITLE OR POSITIO	tify by name, address (phone number – optional	STATE A	
esignated Agent: Identification of the serious part of the serious	tify by name, address (phone number – optional states). CITY tories: List all banks or other depositories in whether the states and the states are the states.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the Full Name Mailing Address TITLE OR POSITIO	tify by name, address (phone number – optional states). CITY tories: List all banks or other depositories in whether the states and the states are the states.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the serious part of the serious	tify by name, address (phone number – optional stories: List all banks or other depositories in what maintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank,	tify by name, address (phone number – optional stories: List all banks or other depositories in what maintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification of Bank, epository, etc.	tories: List all banks or other depositories in what maintains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification of Bank, epository, etc.	tories: List all banks or other depositories in what maintains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A ts funds, holds accounts, rent