FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Boots Political Action Committee** 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@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2025 C00567545 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, , Date 07 31 2025 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

C Form	1 (Revised 03/2022)	Page 2
TYPE C	OF COMMITTEE:	
Candio	late 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. (Complete information below.)	the candidate
Name Candi		
Candi Party	date Office House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate	
Party (Committee: This committee is a (National, State (Democion or subordinate) committee of the Republic	ratic, can, etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is
	Corporation Corporation w/o Capital Stock Labo	or Organization
		perative
		, or a live
(D. X	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 segreg committee. (i.e., nonconnected committee)	ated 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).	
(3)	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybric	I PAC)
()	In addition, this committee is a Lobbyist/Registrant PAC.	17.0).
Joint F	Fundraising Representative:	
(i)	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
(j)	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	mittees Participating in Joint Fundraiser	
1.	C	

Treasurer

			Dogo 2
W	/rite or Type Comm	(Revised 02/2009)	Page 3
•••		itical Action Committee	
6.		nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
	Mullin Victory		· ·
	Mailing Address	228 S. Washington St.	
		Ste. 115	
		Alexandria VA 22018-62	231
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	eadership PAC Sponso
7.	Custodian of Rec books and records Full Name	cords: Identify by name, address (phone number optional) and position of the person in possessics. Lisker, Lisa, , ,	on of committee
	Mailing Address	228 S. Washington St.	
		Ste. 115	
		Alexandria VA 22314	
			ZIP CODE ▲
	Title or Position ▼ Treasurer		549 - 7705
8.		e name and address (phone number optional) of the treasurer of the committee; and the nat gent (e.g., assistant treasurer).	me and address of
	Full Name of Treasurer	Lisker, Lisa, , ,	
	Mailing Address	228 S. Washington St.	
		Ste. 115	
		Alexandria VA 22314	
	Title or Position ▼		ZIP CODE ▲

703

Telephone number

549

7705

FEC	rm 1 (Revised 02/2009)	Page 4
Full Nam Designat Agent		
Mailing A	ess	
Title or I	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks o	her Depositories: List all banks or other depositories in which the committee deposits funds, t boxes or maintains funds.	holds accounts, rents
Name of	k, Depository, etc.	
	Firstar Bank	
Mailing A	510 North Main St.	
	Muskogee OK 74	401
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of	k, Depository, etc.	
	Truist	
Mailing A	ess 1445 New York Ave. NW	
	Washington DC 200	005
	CITY ▲ STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

Amended in response to request for additional information dated July 30, 2025 to add One Team Senate Majority as a joint fundraising representative.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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Page	of °	

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	od Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte Pesignated Agent: Identi	od Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	od Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee × Join fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional) CITY		
Connected Pesignated Agent: Identification of the Position of	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Period of Banks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Dries: List all banks or other depositories in which aintains funds. Bridge Bank, N.A.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected MULLIN, MARKW	l Organization, Affiliated Committee, Joint Fun AYNE, , ,	draising Representative	e, or Leadership PAC Spons
Mailing Address	RT 1 BOX 8255		
	WESTVILLE	OK	74965
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Joi	int Fundraising Represent	Leadership 170 of
		III Fullulaising Represent	ative X Leadership PAC Sp
esignated Agent: Identi		Int Fundialsing Represent	Laure Leadership FAO Op
esignated Agent: Identi		Int Fundialsing Represent	
esignated Agent: Identi		Int Fundialsing Represent	
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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			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
		,	
ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
ONE TEAM SENAT	E MAJORITY		
	404 OFFICE DADK DRIVE		
Mailing Address	421 OFFICE PARK DRIVE		
	MOUNTAIN BROOK	AL	35223
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
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