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. American Valor PAC 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) americanvalorpac.com (Check if address is changed) DATE 2020 C00757179 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 09 18 2020 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.		

	ised 02/2009)	Page 3
Write or Type Committee I	Name	
American Va	lor PAC	
. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	: Identify by name, address (phone number optional) and position of the person	in possession of committe
books and records.		
Liske Full Name	er, Lisa, , ,	<u> </u>
Mailing Address	228 S. Washington St.	
Ü	Ste. 115	
	Alexandria VA 22	314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 549 - 7705
	ne and address (phone number optional) of the treasurer of the committee; and t	
	e.g., assistant treasurer).	he name and address of
any designated agent (e		he name and address of
any designated agent (e	e.g., assistant treasurer).	he name and address of
any designated agent (e Full Name Lisker of Treasurer	e.g., assistant treasurer). r, Lisa, , ,	he name and address of
any designated agent (e Full Name Lisker of Treasurer	e.g., assistant treasurer). r, Lisa, , , 228 S. Washington St.	
any designated agent (e Full Name Lisker of Treasurer	e.g., assistant treasurer). r, Lisa, , , 228 S. Washington St. Ste. 115	

T LO FOII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. Truist/BB&T	s accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington DC 20006	zip code
safety deposit bo Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	