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. Van Orden for Congress PO BOX 1836 ADDRESS (number and street) (Check if address is changed) LA CROSSE 54602 WI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address margee@sageadvisorygroup.co is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.vanordenforcongress.com (Check if address is changed) DATE 2023 C00742007 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 Clancy, Mary, , Mrs., Date 12 11 2023 Signature of Treasurer Clancy, Mary, , Mrs., 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

EC Fo	orm 1 (Revised 03/2022)	Page 2
TYP	PE OF COMMITTEE:	
Car	ndidate 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 the car information below.)	ndidate
	ame of van Orden, Derrick, F., Mr., andidate	
	arty Affiliation REP Sought: X House Senate President	State WI
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
Par	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.)) Party
Poli	itical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:
	Corporation Corpor	zation
	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 fun committee. (i.e., nonconnected committee)	d 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 accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joii	nt Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo	re political
(1)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
(Committees Participating in Joint Fundraiser	
1	1	

_	FEC Form 1 (Revised	02/2009)	Page 3
۷	Vrite or Type Committee Name		
	Van Orden for C	Congress	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	American Battlegrou	nd Fund	
	Mailing Address	PO Box 30844	
		1	
		Bethesda	MD 20824 1
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising R	Representative Leadership PAC Sponso
<u> </u>	Custodian of Passada Idan	tify by name address (abone number continual) and position of the	he never in personaion of committee
7.	books and records.	tify by name, address (phone number optional) and position of the	ne person in possession of committee
	Clanau M	on. Mrs	
	Full Name	ary, , Mrs.,	
	Mailing Address	11972 Grey Oaks Park Rd.	
	Mailing Address		
		Glen Allen	VA
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer		or 703 - 989 - 6167
		Telephone number	
8.	Treasurer: List the name ar	nd address (phone number optional) of the treasurer of the co	ommittee; and the name and address of
٠.	any designated agent (e.g.,		
	Full Name Clancy, M	ary, , Mrs.,	
	of Treasurer		
	Mailing Address	11972 Grey Oaks Park Rd.	
		Glen Allen	VA 20359 1
			VA 20359
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone numbe	er 703 – 989 – 6167

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Goede, Staci, , Mrs.,	
Mailing Address	7816 Rose Garden Ln.	
	Springfield	VA 22153
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲
Assistant Treasure	r 	number 703 - 371 - 5852
	epositories: List all banks or other depositories in which the commes or maintains funds.	ittee deposits funds, holds accounts, rents
Name of Bank, De	pository, etc.	
	Chain Bridge Bank, NA	
Mailing Address	1445-A Laughlin Ave.	
	McLean	VA 22101 -
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, De	pository, etc.	
L	Classic City Bank	
Mailing Address	2365 W. Broad St.	
	Athens	GA 30606
	CITY ▲	STATE ▲ ZIP CODE ▲

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

Page ____ **of** ____

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.	<u> </u>		FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
	-	rganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	O VICTORY FUND			
N	Mailing Address	11972 GREY OAKS PARK RD.		
		GLEN ALLEN	VA	23059
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected			
8. Desig r		by name, address (phone number – optional)		
		oy name, address (phone number – optional)		
Ful	nated Agent: Identify I	oy name, address (phone number – optional)		
Ful	nated Agent: Identify I	oy name, address (phone number – optional)		
Ful	nated Agent: Identify I	oy name, address (phone number – optional)		
Ful Ma	nated Agent: Identify I	CITY A	STATE A	ZIP CODE A
Ful Ma	nated Agent: Identify I	CITY A	STATE A	ZIP CODE A
9. Banks safety Name Deposi	nated Agent: Identify I	CITY A Tele Ses: List all banks or other depositories in which the tains funds.	phone Number	

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

Page ___ **of** ____

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
7.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
Emmer Majority Build	ders		
Mailing Address	824 S Milledge Ave.		
	Ste. 101		
	Athens	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte Designated Agent: Identii	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)		
Designated Agent: Identi			
Designated Agent: Identif			
Designated Agent: Identif			
Designated Agent: Identing Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identif	y by name, address (phone number – optional) CITY		ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or markets.	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	

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

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.	<u>, , , , , , , , , , , , , , , , , , , </u>	FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponso
Freshman Agricultura	I Republican Members Trust AKA FARM Tru	st	
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Pesignated Agent: Identify	by name, address (phone number – optional)	1 1 1 1 1 1	
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name		CTATE A	7ID CODE A
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or main	CITY CITY Te	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail ame of Bank, Depository, etc.	CITY CITY Te ries: List all banks or other depositories in which the intains funds. Fargo Bank	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail ame of Bank, Depository, etc.	CITY CITY Te ries: List all banks or other depositories in which the intains funds. Fargo Bank	ephone Number	

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

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1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representati	ve or Leadershin PAC Snon
Grow the Majority			
Mailing Address	228 S. Washington St.		
	Ste 115		
	Alexandria	VA VA	22314
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Full Name			
Mailing Address	1		
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Deposited afety deposit boxes or make ame of Bank,	ories: List all banks or other depositories in valuations funds.	Telephone Number	
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anks or Other Depositorafety deposit boxes or management of Bank, epository, etc.	pries: List all banks or other depositories in vaintains funds.	Telephone Number	its funds, holds accounts, ren

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
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4.		FEC ID number	С
ame of Any Connecte	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Pfriends of Pfluger			
Mailing Address	PO Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X J	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC S
esignated Agent: Ident			ative Leadership PAC Sp
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h). Joint Fundraisi	3		
1.		FEC ID number	С
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3.		FEC ID number	С
4.		FEC ID number	С
Protect the House 2	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Jofy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
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				<u> </u>			_
	-		liated Committee, Joint	Fundraising Re	oresentative	e, or Leadership PAC Spo	ns
Scalis	e Leadership Fu	nd 2024					
Mai	iling Address	320 1st St., Sea	n 				
		Washington		, , , , , ,	DC	20003	1
Rela	ationship:		CITY A		STATE A	ZIP CODE ▲	
esignate		Organization by name, address	Affiliated Committee	Joint Fundraising	g Representa	ative Leadership PAC	Sp
esignate Full N	ed Agent: Identify				g Representa	Leadership FAC	Sp
Full N	ed Agent: Identify				g Representa	Leadership FAC	Sp
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Full N	ed Agent: Identify				g Representa	Leadership FAC	Sp
Full N	ed Agent: Identify	by name, address		nal)	g Representa	ZIP CODE A	Sp

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(h). Joint Fundraisi	ng Participant:			
1.		FEC	D number	С
2.		FEC	D number	С
3.		FEC	D number	С
4.		FEC	D ID number	С
_	Organization, Affiliated Committee	, Joint Fundraising	Representativ	e, or Leadership PAC Spons
Transportation Trust	Fund			
Mailing Address	502 6th St.			
	Hudson		WI	54016
Deletienskin	CITY A		STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committer Affilia		sing Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committ		sing Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	d Organization Affiliated Committ		sing Represent	ative Leadership PAC Sp
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esignated Agent: Identi	Affiliated Committee Ty by name, address (phone number		sing Represent	Leadership PAC Sports ative Leadership PAC Sports ative ZIP CODE
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Organization, Affiliated Committee, Joint und	FEC ID number	C C C ve, or Leadership PAC Spons
_	FEC ID number	C
_	FEC ID number	С
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_	Fundraising Representativ	/e, or Leadership PAC Spons
_	Fundraising Representativ	ve, or Leadership PAC Spons
11972 Grey Oaks Park Rd		
Glen Allen	VA V	23059
CITY ▲	STATE A	ZIP CODE A
▼ CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone Number	
	CITY d Organization Affiliated Committee y by name, address (phone number – option CITY CITY CITY	CITY A STATE A d Organization Affiliated Committee X Joint Fundraising Represen by by name, address (phone number – optional) CITY A STATE A Telephone Number Dries: List all banks or other depositories in which the committee depos