PAGE 1/8

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ORAH! POLITICAL ACTION COMMITTEE PO BOX 3743 ADDRESS (number and street) (Check if address is changed) CARMEL 46082 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JWUSLICH@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address OORAHPAC@BROGHAMERLLC.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.OORAHPAC.COM (Check if address is changed) DATE 03 2022 C00551853 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. WUSLICH, JEFF, , , Type or Print Name of Treasurer WUSLICH, JEFF, , , [Electronically Filed] 01 03 2022 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

EEA	Form 1 (Revised 02/2009)	Page 2			
	F COMMITTEE	1 aye 2			
Candid	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 the candidate information below.)				
Name of Candida					
Candida Party Af	3.1133	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candida					
Party (Committee:				
(d)		(Democratic, Republican, etc.) Party			
Politic	al Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (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 F	undraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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			
(committees Participating in Joint Fundraiser				
1	. C				
2	. FEC ID number				
3	. FEC ID number				
2	.				

		l
FEC Form 1 (Revised		Page 3
Write or Type Committee Name		
OORAH! POLI	FICAL ACTION COMMITTEE	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
YOUNG VICTORY CO	DMMITTEE	
	PO BOX 3743	
Mailing Address		
	CARMEL IN 46082	
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
WUSLICH	ł, JEFF, , ,	ı
Full Name	PO BOX 3743	
Mailing Address		
	CARMEL , IN , 46082	
	CARMEL IN 46082	
Title or Position	CITY STATE ZII	P CODE
TREASURER	Telephone number	
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name WUSLICH of Treasurer	, JEFF, , ,	
Mailing Address	PO BOX 3743	
	CARMEL	
Title or Position	CITY STATE ZIF	CODE
TREASURER	Telephone number	

FEC Forn	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	BROGHAMER, KEVIN, , ,	<u> </u>
Mailing Address	PO BOX 3743	
	CARMEL IN 4608 CITY STATE	2 ZIP CODE
Title or Position ASSISTANT TR	EASURER Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK	olds accounts, rents
Mailing Address	1445-A LAUGHLIN AVE	
	MCLEAN VA 22210	1
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address	BANK OF AMERICA 600 N WASHINGTON ST	
	ALEXANDRIA VA 2231	4 , ,

FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fu LITICAL ACTION COMMITTEE	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 3743		
	CARMEL	IN	46082
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connect		oint Fundraising Represent	ative Leadership PAC Spo
Connect	ed Organization X Affiliated Committee J		ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization X Affiliated Committee J		ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization X Affiliated Committee J		ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization X Affiliated Committee J		ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization X Affiliated Committee J		Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization X Affiliated Committee J		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee J ify by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of the position of the	Affiliated Committee Ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a position, etc. TRUI	Affiliated Committee Ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in white naintains funds. ST/BB&T	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of the position of the	Affiliated Committee Ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in white naintains funds. ST/BB&T	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a position, etc. TRUI	Affiliated Committee Ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in white aintains funds. ST/BB&T 1445 NEW YORK AVE NW	STATE A Telephone Number ch the committee deposit	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(g) or	r(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	901 N WASHINGTON ST SUITE 700		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fu	undraising Represent	ative Leadership PAC Sponsor
8. I	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	▼ CITY ▲		
!	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY Tele	STATE ▲	ZIP CODE A
!	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY Tele	STATE ▲	ZIP CODE A
!	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY Tele	STATE ▲	ZIP CODE A
!	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail boxes or mail boxes. Depository, etc.	CITY Tele	STATE ▲	ZIP CODE A
!	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail boxes or mail boxes. Depository, etc.	CITY Tele	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	pries: List all banks o	or other depositories in which	Telephone Number	ts funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	pries: List all banks o	or other depositories in which		ts funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	pries: List all banks o	or other depositories in which		ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks o	or other depositories in which		ts funds, holds accounts, rents
Banks or Other Deposito	pries: List all banks o	or other depositories in which		ts funds, holds accounts, rents
TITLE OR POSITION	▼		Telephone Number	
TITLE OR POSITION	▼			
		CITY A	STATE ▲	ZIP CODE ▲
				, , .
Mailing Address				
Designated Agent: Identif	y by name, address	(phone number – optional)		
			int Fundraising Represent	ative Leadership PAC Spor
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Deleties di	ALEXANDRIA	0.777	VA	22314
	STE. 115			
Mailing Address	228 S. WASHING	TON ST.		
Name of Any Connected	=		ndraising Representativ	e, or Leadership PAC Sponso
4.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
2				C

FEC Form 1S (Revised 02/2017)

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

	1			
Mailing Address				
Name of Bank, Depository, etc.				
Banks or Other Deposito safety deposit boxes or ma		ner depositories in which t	ne committee deposit	s funds, holds accounts, rents
		Tel	ephone Number	
TITLE OR POSITION	▼ (CITY A	STATE ▲	ZIP CODE ▲
				1 , , , , 1-1 , ,
Mailing Address				
Full Name				
Designated Agent: Identif	y by name, address (phor	ne number – optional)		
Connecte	d Organization Affiliat	ted Committee Joint	Fundraising Representa	tive Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
	CARMEL		IN I	46082
Mailing Address				
Mailing Address	PO BOX 3743			
	Organization, Affiliated CHRISTOPHER, , ,		ising Representative	e, or Leadership PAC Sponso
4.			FEC ID number	C
3.			FEC ID number	C
			FEC ID number	C
2.				