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) over the lines. is changed) Jowans for Zach Nunn PO Box 11 ADDRESS (number and street) (Check if address is changed) Bondurant 50035 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) ZachNunn.com (Check if address is changed) DATE 28 2022 C00784389 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] 28 2022 Signature of Treasurer 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

E	EC Form 1 (Revised 03/2022)	Page 2				
	TYPE OF COMMITTEE:					
	Candidate Committee:					
	(a) X 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 information below.)	candidate				
	Name of Candidate Nunn, Zach, , ,					
	Candidate Party Affiliation REP Sought: House Senate President	State IA District 03				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00				
	Name of Candidate					
	Party Committee:					
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	etc.) Party				
	Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:				
	Corporation Corporation w/o Capital Stock Labor Org	ganization				
	Membership Organization Trade Association Cooperati	ve				
	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 committee. (i.e., nonconnected committee)	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 accounts (Hybrid PAC	>).				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser					
	1C					
	C					

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٧	Vrite or Type Committee Name			
	lowans for Zac			
6.		rganization, Affiliated Committee, Joint F	• •	e, or Leadership PAC Sponsor
		EPUBLICAN NOMINEE FUND 2	2022 	
	Mailing Address	PO BOX 9891		
		1		
		ARLINGTON	, VA	22219
		OITY	OTATE A	7/D 00DF A
		CITY ▲	STATE ▲	
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Represer	ntative Leadership PAC Sponso
— 7.	Custodian of Records: Identi	ify by name, address (phone number option	nal) and position of the pers	on in possession of committee
	books and records.		, , ,	'
	Lisker, Lisa	, , ,		
	Full Name			
	Mailing Address	228 S. Washington St.		
		Ste. 115		
		Alexandria	, , VA ,	1 22314
		, woxundia		
		CITY ▲	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	703 - 549 - 7705
8.		d address (phone number optional) of the	e treasurer of the committe	e; and the name and address of
	any designated agent (e.g., a	ıssistant treasurer).		
	Full Name Lisker, Lisa	, , ,		
	of Treasurer			
	Mailing Address	228 S. Washington St.		
		Ste. 115		
		Alexandria	VA I	22314
				71D 2227 1
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
	Treasurer	I	1	703 549 7705
	i reasurer		Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	,	
	Telephone number	
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold ees or maintains funds.	ds accounts, rents
Name of Bank, D	epository, etc.	
	Truist/BB&T	
Mailing Address	1445 New York Ave., NW	
	4th Fl.	
	Washington DC 20005	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Lane	
	McLean VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	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 Fundr	aising Representative	, or Leadership PAC Sponsor
	TEAM VALOR			
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA L	30605
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors safety deposit boxes or mail	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors safety deposit boxes or mail	CITY CITY Te ries: List all banks or other depositories in which intains funds. City Bank	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Classic	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which intains funds. City Bank	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which intains funds. City Bank	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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h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
CRUZ 25 FOR 22	2 VICTORY FUND		
Mailing Address	P.O. BOX 341027		
	AUSTIN	, TX	, 78734
Relationship:			
neialionship.	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or meaning the second content of the second content o	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Wells	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A	ZIP CODE A

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
,	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Sponsor
	TAKE BACK THE	HOUSE 2022		1
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	
			MD	
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		T	1 1 . 1	1 1_1 1
		CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	V GITT A	SIAIL A	ZIF CODE A
			elephone Number	
9.		ries: List all banks or other depositories in which	the committee deposits	funde holde accounte ronte
	safety deposit boxes or ma			fullus, floids accounts, ferits
	Name of Bank, Depository, etc.	intains funds.		Turius, riolus accounts, rents
	Name of Bank,	intains funds.		Turius, riolus accounts, rents
	Name of Bank, Depository, etc.	intains funds.		
	Name of Bank, Depository, etc.	intains funds.		