PAGE 1 / 4 STATEMENT OF **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) JOBS, ENERGY AND OUR FOUNDING FATHERS PAC-JEFF PAC 228 S WASHINGTON ST STE 115 ADDRESS (number and street) (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) (Check if address is changed) DATE 01 2020 C00516724 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 09 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. FEC FORM 1 (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

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		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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.	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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position Treasurer

<u>-</u>			_
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Write or Type Committee Nam			. 9
••	Y AND OUR FOUNDING F	EATHERS PAC-1	FFF PAC
·	Organization, Affiliated Committee, Joint Fundraisi		
·	organization, Anniated Committee, John Fundralsi	ng Representative, or Leadership	FAC Spoilsoi
TEAM DUNCAN			
Mailing Address	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	VA 22314	
	CITY	STATE ZI	P CODE
			ership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) a	nd position of the person in posse	ession of committee
Lisker, Lis	sa, , ,		
Full Name	,228 S. Washington St.		
Mailing Address	220 S. Washington St.		
	Ste. 115		
	Alexandria	VA 22314	
Title or Position	CITY	STATE ZI	P CODE
Treasurer		one number 703 - 54	9 7705
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the name	e and address of
Full Name Lisker, Lis	a, , ,		
Mailing Address	228 S. Washington St.		
	Ste. 115	<u> </u>	<u> </u>
	Alexandria	VA 22314	
	CITY	STATE ZII	P CODE

703

Telephone number

549

7705

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Full Name of Designated Agent	1	
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc.	ida decodina, renta
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. Truist/BB&T	
safety deposit bo	oxes or maintains funds. Depository, etc. Truist/BB&T	
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. Truist/BB&T	
safety deposit be Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW	
safety deposit be Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. Truist/BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	ZIP CODE