

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

TFP-FOJB COMMITTEE

ADDRESS (number and street)

320 FIRST STREET, SE

☒(Check if address  
is changed)

WASHINGTON

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)

compliance@complianceconsultingva.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

N/A

2. DATE

M M  
07/ D D  
15/ Y Y Y Y  
2011

3. FEC IDENTIFICATION NUMBER

C C00492355

4. 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

Type or Print Name of Treasurer

LISA LISKER

Signature of Treasurer

Electronically Filed by LISA LISKER

Date

M M  
07/ D D  
15/ Y Y Y Y  
2011

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE (Check One)

**Candidate 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  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, 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 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☒ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ 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

- |    |                                |               |                    |
|----|--------------------------------|---------------|--------------------|
| 1. | <b>THE FREEDOM PROJECT</b>     | FEC ID number | <b>C C00305805</b> |
| 2. | <b>FRIENDS OF JOHN BOEHNER</b> | FEC ID number | <b>C C00237198</b> |
| 3. |                                | FEC ID number | <b>C</b>           |
| 4. |                                | FEC ID number | <b>C</b>           |

Write or Type Committee Name

**TFP-FOJB COMMITTEE**

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

**CABELL HOBBS**

Mailing Address

**PO BOX 365****MCLEAN****VA****22101**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**ASST. TREASURER**

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

**LISA LISKER**

Mailing Address

**228 SOUTH WASHINGTON STREET****STE 115****ALEXNDRIA****VA****22314**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**TREASURER**

Telephone number

Full Name of  
Designated  
Agent

CABELL HOBBS

Mailing Address

PO BOX 365

MCLEAN

VA

22101 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASST. TREASURER

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVENUE

MCLEAN

VA

22101 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲