Only

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) is changed) over the lines. FIRST IN FREEDOM 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 2013 C00540146 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. Lisa Lisker Type or Print Name of Treasurer Lisa Lisker [Electronically Filed] 07 2013 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

Local 202-694-1100

	EEC Fo	rm 1 (Pavisad 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	rage Z
		e 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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Povised 0	12/2009)	Page ?
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
FIRST IN FREE		
-	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
RICHARD L. HUDSON	\Jr. 	
Mailing Address	PO BOX 5053	
Mailing Address		
	CONCORD NC 28027	
	CITY STATE ZIF	P CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative X Leade	rship PAC Sponsor
Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
Lisa Lisker		
Full Name	228 S. Washington St., Ste. 115	
Mailing Address		
	Alexandria VA 22314	
Title or Position	CITY STATE ZIF	CODE
Treasurer		9 7705
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Lisa Lisker		
of Treasurer	1220 C. Woshington St. Ste. 145	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 22314	
Title or Position	CITY STATE ZIP	CODE
Treasurer		7705

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of Designated Agent Kei	ith Davis	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 2 CITY STATE	2314
Title or Position Assistant Treasurer	Telephone number	549 7705
Banks or Other Dep safety deposit boxes Name of Bank, Depo		s, holds accounts, rents
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