FEC FORM 1	STATEMENT OF ORGANIZATION	Office	use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street	PO BOX 2272		
(Check if address is changed)	L	OR 97062	
	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADD (Check if address is changed)	RESS (Please provide only one e-mail address)		
COMMITTEE'S WEB PAGE	ADDRESS (URL)		
(Check if address is changed)			
2. DATE 09 /	22 / Y Y Y Y 2011		
3. FEC IDENTIFICATION	NUMBER C C00464107		
4. IS THIS STATEMENT	NEW (N) OR X AMENDED (A)		
I certify that I have examine	d this Statement and to the best of my knowledge and belief i	t is true, correct and co	omplete.
Type or Print Name of Treas	urer Lisa Lisker		
Signature of Treasurer	a Lisker [Electronically Filed]	Date 10	01 / Y Y Y Y 01 2011
NOTE: Submission of false, er	roneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F I	EC FORM 1 Revised 02/2009)

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T		orm 1 (Revised 02/2009)	Page 2				
		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. (Comple information below.)	te the candidate				
	ame of andidate						
	andidate arty Affiliati	ion REP Office Sought: X House Senate President	State OR District 01				
(C))	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	ame of andidate						
P	arty Con		emocratic,				
(d))		publican, etc.) Party.				
Political Action Committee (PAC):							
(e))	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:				
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)					
Jo	oint Fund	draising 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.	or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.	FEC ID number]				

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Write or Type Committee Name

CORNILLES FOR CONGRESS

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

Mailing Address																																	
																							L] –	L			
								С	ITY										S	TAT	E						ZIF	Р С	OC	ЭE			
Relationship: Con	nected	Orga	aniza	atio	n	A	ffilia	ited	l Co	mm	nitte	e	Jo	int	Fur	ndra	aisir	ng F	Rep	ore	ser	ntat	ive	C	L	_ea	dei	rsh	ip F	<u>2</u> A(c s	por	nsor

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

Lisa Liske	ſ
Full Name	
Mailing Address	228 S. Washington St., Ste. 115
	Alexandria VA 22314
Title or Position	CITY STATE ZIP CODE
Treasurer	703 549 7705 Telephone number 1 1

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 S. Washington St., Ste. 115
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 549 7705

Full Name of Designated Agent	Keith Davis																								
Mailing Address		228 S. W	ashingt	on St.	, Ste.	115																			
		Alexand	ia											V	4]	L	223	514 			- [
					CIT	Y							ç	STA	ΓE					ZIF	о СС	DE			
Title or Position	urer								Те	leph	ione	e nu	umb	ber	Į	7	'03 		- [_	549		- [_	7	705	

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.

CHARLOTTE

	BB&T		
Mailing Address	300 S WASHINGTON ST		
			22314
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address	100 NORTH TRYON STREET		
Mailing Address			

CITY

NC

STATE

28255

ZIP CODE