## 11030501789

FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

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FEC MAIL CENTER

Office use only

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)		mple: If typying, type r the lines	12FE4M5		
Ц	Unlimited Potential PA	C <sub> </sub> - UP	PAC	Щ.			لتتنيينا	
L								
ADI	DRESS (number and street)	228	S. Washington S	t., Ste.	115 			
П	(Check if address	ـــــا						
Ц	is changed)	Ale	xandria		لىبىي	LYAJ L	22314	
				CITY	•	STATE	ZIP CODE 📥	
CO	MMITTEE'S E-MAIL ADDRE			e-mail a	ddress)			
П	(Check if address is changed)	llisl	er@hdafec.com	11.1		<del></del>	السلسسا	
LJ	is clianged)				111111			
COI	MMITTEE'S WEB PAGE AD	DRESS (	(URL)					
П	(Check if address				<u> </u>			
لــا	is changed)	1	11111	111	111111	11111		
						<del></del>		
2.	2. DATE M, M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
3.								
4.	4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)							
Loo								
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								
Sie Roll								
Sig	nature of Treasurer Electro	nically F	iled by: Lisa Liske	<u>r                                     </u>		Date 69	128 2001	
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		<del></del>		For further information of	contact:		
	Use				Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

	FE	:C F	form 1 (Revised 02/2009)	Page 2		
 5.	. TYPE OF COMMITTEE (Check One)					
	Candidate Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate	ate information below.)		
	(b)		This committee is an authorized committee, and is NOT a principal campa information below.)	aign committee. (Complete the candidate		
	Name o Candida					
				<del>با عالم ما</del>		
	Candida Party At		Office House Senate	State President District		
	(c)		This committee supports/opposes only one candidate, and is NOT an auth	norized committee.		
	Name o Candida					
	Party Co	omn	nittee:			
	(d)		This committee is a (National, State (or subordinate) committee of the	he (Democratic, Republican,etc.) Party.		
	Politica	I Act	tion Committee (PAC):			
	(e)	П	This committee is a separate segregated fund. (Identify connected organiz	cation on line 6.) Its connected organization is a:		
	<b>.</b>	LI	Corporation Corporation w/o Capital Sto	ock Labor Organization		
	•		Membership Organization Trade Association	Cooperative		
	<b>6</b> I		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	X	This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee)	s NOT a separate segregated 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.)					
Joint Fundraising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disbucommittees/organizations, at least one of which is an authorized committee			
	(h) [		This committee collects contributions, pays fundraising expenses and disbucornmittees/organizations, none of which is an authorized committee of a fe			
Committees Participating in Joint Fundraiser						
			1. FEC ID no.	umber C		
			2 FEC ID no.	umber C		
			3. FEC ID no.	umber C		
			4. FEC ID nu	umber C		

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Write or Type Committee Name							
Unlimited Potential PAC	C - UP PAC						
6. Name of Any Connected O	rganization, Affiliated Committee	, Joint Fundraising Repre	esentative, or Lea	dership PAC Sponsor			
TIMOTHY E SCOTT		<del> </del>					
Mailing Address	1405 ASHLEY R	IVER RD					
		1 1 1 1 1 1 1 1 1		<u> </u>			
	CHARLESTON		sc _	29407   -			
	CITY		STATE	ZIP CODE			
Relationship:  Connected Organization	n Affiliated Committee	Joint Fundraising Re	epresentative X	Leadership PAC Sponsor			
Full Name  Lisa Lisker  Full Name  228 S. Washington St., Ste. 115							
	Alexandria		VA	22314 _			
Title or Position ♥  Treasurer	CITY A	Telephone nu	STATE	ZIP CODE A - 549 - 7705			
name and address of any	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 L							
Mailing Address	ZZO 3. Washing	228 S. Washington St., Ste, 115					
	Alexandria		_VA	22314			
Title or Position ♥	CITY		STATE	ZIP CODE A			
Treasurei	•	Telephone n	. 703	549 7705			

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Full Name of Designated Agent	Keith Davis		
Mailing Address	228 S. Washington St.	., Ste. 115	
	Alexandria	VA	22314 –
Title or Position♥	CITY A	STATE 🛦	ZIP CODE A
Assista	ant Treasurer	Telephone number 703	549 7705
Mailing Address	3&T . 126 E. Main St.		
	Lexington	ŞC]	29072 _
	CITY 4	STATE 4	ZIP CODE 🛕
Name of Bank, Deposito	ory, etc.		
ـــــ			
Mailing Address			
		لنا لتنتنا	
	CITY	STATE 4	ZID CODE

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PREPARER (3/2005)		DATE PREPARED			
(or £000)					