## STATEMENT OF

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**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. McHenry for Congress PO Box 2165 ADDRESS (number and street) (Check if address is changed) Gastonia 28053-2165 NC CITY 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) www.mchenryforcongress.com (Check if address is changed) DATE 2019 C00393629 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] 07 2019 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 Only

Local 202-694-1100

FEC <b>For</b> i	m 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF CO	DMMITTEE	
Candidate	Committee:	
(a) <b>x</b>	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. (Compinformation below.)	plete the candidate
Name of Candidate	McHenry, Patrick Timothy, , ,	
Candidate	Office REP Sought:   House Senate President	State
Party Affiliation	n REP Sought: X House Senate President	District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)		(Democratic, Republican, etc.) Party.
Political Ac	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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 Fundr	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
	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
Comn	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name	L. 2000 j	r age <b>u</b>
McHenry for Co	naress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	larshin BAC Spansor
	gamzation, Anniated Committee, Joint Lundraising Representative, of Lead	icisiiip PAC Spoilsoi
Team McHenry		
Mailing Address	228 S Washington St	
ag / taa. eee		
	Alexandria VA 2231	4-5408
	CITY STATE	ZIP CODE
_	6.11	
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: Identification books and records.</li> </ul>	ify by name, address (phone number optional) and position of the person in	possession of committee
Lisker, Lisa	, , ,	
Full Name	228 S Washington Street	
Mailing Address	Suite 115	
		4-5404
	Alexandria VA 2231	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 703	549 7705
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name Lisker, Lisa	,,,	
of Treasurer	228 S Washington Street	
Mailing Address		
	Suite 115	
		4-5404
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	549 7705

FEC Form 1 (Re	levised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
safety deposit boxes or	r maintains funds. tory, etc.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.  &T  1909 K Street NW	
safety deposit boxes or Name of Bank, Deposit	washington  CITY  Tory, etc.   BT     1909 K Street NW    DC   200	006
safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	washington  CITY  STATE  Tory, etc.  CITY  STATE	006
safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	washington  CITY  STATE  Tory, etc.	006
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit  Name of Bank, Deposit	washington  CITY  STATE  Tory, etc.  CITY  STATE	2006 ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b> r	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
FINANCIAL INNO	OVATION COMMITTEE		
I			
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	, ,   VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
neiationship.	911 I		
Connecte		nt Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC S
Connecte	d Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee		
Connecte esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	
Connecte  esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee   y Join y by name, address (phone number – optional)  CITY		
connecte  esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee   y Join y by name, address (phone number – optional)  CITY	STATE A	
Esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mailing to the position of the p	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  The properties of the p	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte  esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or material depositions are of Bank, epository, etc.	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mailing to the position of the p	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY  CITY  CITY  Dries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  affety deposit boxes or material depositions are of Bank, especially etc.	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY  CITY  CITY  Dries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	indraising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Joint Fundraising Represent	Leadership PAC Sp
	y by name, address (phone number – optional		Leadersnip PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadersnip PAC Sp
esignated Agent: Identi			Leadersnip PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional		ZIP CODE A
esignated Agent: Identing Full Name  Mailing Address	y by name, address (phone number – optional		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ame of Bank, Bank	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make afety deposit boxes or make pository, etc	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make afety deposit boxes or make pository, etc	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A