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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) over the lines. is changed) TEAM MCHENRY 228 S WASHINGTON ST STE 115 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314 VA 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 kdavis@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2017 C00544650 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] 02 2017 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. **FEC FORM 1** 

Į.	Office		For further information contact:
.	Use		Federal Election Commission
			Toll Free 800-424-9530
	Only		Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Cominformation below.)	olete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	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.)	
Join	nt Fund	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
(h)		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
	Com	mittees Participating in Joint Fundraiser	
	1.	MCHENRY FOR CONGRESS FEC ID number C C003	393629
	2.	MORE CONSERVATIVES PAC (MCPAC) FEC ID number C COOR	540187
	3.	NRCC FEC ID number C C000	75820
	4.		

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FEC Form 1 (Revise		Page 3
Write or Type Committee Na TEAM MCHE		
		estive or Leadership DAC Changer
	ed Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Lisker, Full Name	Lisa, , ,	
Mailing Address	228 S. Washington St. Ste. 115	
	Alexandria	22314
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	703 549 7705
5. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the comr g., assistant treasurer).	nittee; and the name and address of
Full Name Lisker, of Treasurer	Lisa, , ,	
Mailing Address	228 S. Washington St. Ste. 115	
	Alexandria	22314
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	703 - 549 - 7705

FEC <b>Form</b>	<b>1</b> (Revised 02/2009)	Page <b>4</b>		
Full Name of Designated Agent	Davis, Keith, , ,			
Mailing Address	228 S. Washington St., Ste. 115			
	Alexandria VA CITY STATI			
Title or Position Assistant Treasu	urer Telephone number	703 - 549 - 7705		
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.				
Molling A.L.	1909 K St., NW			
Mailing Address				
	Washington	C   20006		
	CITY STAT	E ZIP CODE		
Name of Bank, D	Depository, etc.			
Mailing Address				