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STATEMENT OF

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FORM 1		(ORGANIZ	ATIC	ON	20 i	5 AUG	24 AF	10: 21 office Use Only	,
NAME OF COMMITTEE (in	full)	0	(Check if name is changed)		nple:If typing, ty the lines.	/ре	12FI	É4M5	, , ,	
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4. IS THIS STATE	MENT	S NE	EW (N) OR		AMENDE) (A)				
certify that I have	examined t	his State	ement and to the bes	t of my	knowledge and	belief it	is true,	correct an	d complete.	-
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Signature of Treasur	er <i>Lisa</i>	Lisker	Lin Ro	L			Date	08	21	2015
NOTE: Submission of	false, error		incomplete information						e penalties o	of 2 U.S.C. §437g.
Office Use					For further information (FEC F	ORM 1

 	ANT CHANGE IN IN CHIMATION	SHOOLD BE REPORTED WITHIN TO DA	13.
 Office Use Only		For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM (Revised 06/2012)

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		OMMITTEE
Car	ndidate	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. (Complete the candidate information below.)
	ne of ididate	
	didate	Office State
Part	y Affiliati	on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	ne of didate	
Par	rty Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joir	nt Fund	Iraising Representative:
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
		COFFMAN FOR CONGRESS 2016
	1.	MIKE BISHOP FOR CONGRESS
	2.	FEC ID number C C00561001
	3.	NRCC
	4.	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

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-	FEC For	n 1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent	Keith Davis	
	Mailing Address	228 S. Washington St., Ste. 115	
		Alexandria VA 22314	<u></u>
	Title or Position Assistant Treas		P CODE
9.	Banks or Other safety deposit b Name of Bank,	·	ccounts, rents
		BB&T	
	Mailing Address	1909 K St., NW	
		Washington DC 20006	
		CIŢY STATE ZI	P CODE
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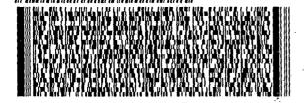
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Other (Specify):	ceipt or Postmarked
	8/24/15
PREPARER (2/2015)	DATE PREPARED
(3/2015)	