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. Freedom and Security PAC 228 S. Washington St., Ste. 115 ADDRESS (number and street) (Check if address is changed) Alexandria 22314 VACITY 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) (Check if address is changed) DATE 08 2017 C00437061 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 08 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. 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 Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	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
	ne of didate		
Par	ty Con	nmittee:	
(d)		(National, State	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 cont	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)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		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	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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	rage 3
Freedom and Security PAC	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative	ve or Leadershin PAC Snonsor
	re, or Leadership i Ao Sponsor
KLINE FOR CONGRESS	
350 W BURNSVILLE PKWY Mailing Address	
STE 375	
BURNSVILLE	55337
CITY STATE	ZIP CODE
Relationship: Connected Organization 🗶 Affiliated Committee U Joint Fundraising Represe	ntative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the books and records. 	person in possession of committee
Lisker, Lisa, , ,	
Full Name228 S. Washington St., Ste. 115	
Mailing Address	
Alexandria	,22314
Alexandra	
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	703 - 549 - 7705
3. Treasurer : List the name and address (phone number optional) of the treasurer of the committee any designated agent (e.g., assistant treasurer).	ee; and the name and address of
Full Name Lisker, Lisa, , ,	I
of Treasurer	
Mailing Address 228 S. Washington St., Ste. 115	
Alexandria	22314
CITY STATE Title or Position	ZIP CODE
Treasurer Telephone number	703 - 549 - 7705

Full Name of Designated Agent	Davis, Keith, , ,	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 223 CITY STATE	ZIP CODE
Title or Position Assistant Treas		- 549 - 7705
	er Depositories: List all banks or other depositories in which the committee deposits funds,	holds accounts, rents
safety deposit be		,
safety deposit be Name of Bank,	poxes or maintains funds.	
-	poxes or maintains funds.	
-	Depository, etc. Wells Fargo Bank	
Name of Bank,	Depository, etc. Wells Fargo Bank	
Name of Bank,	Depository, etc. Wells Fargo Bank	
Name of Bank,	Depository, etc. Wells Fargo Bank 110 Burnsville Pkwy	
Name of Bank,	Depository, etc. Wells Fargo Bank 110 Burnsville Pkwy Burnsville CITY STATE	337
Name of Bank,	Depository, etc. Wells Fargo Bank 110 Burnsville Pkwy Burnsville CITY STATE	337
Name of Bank,	Depository, etc. Wells Fargo Bank 110 Burnsville Pkwy Burnsville CITY STATE Depository, etc. Wachovia Bank, NA PO Box 563966	337
Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 110 Burnsville Pkwy Burnsville CITY STATE Depository, etc. Wachovia Bank, NA PO Box 563966	337
Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 110 Burnsville Pkwy Burnsville CITY STATE Depository, etc. Wachovia Bank, NA PO Box 563966	337

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. IBB&T 1909 K Street NW Mailing Address 20006 Washington DC CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number