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STATEMENT OF **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. Innovation Political Action Committee 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) www.innovationpac.com (Check if address is changed) DATE 06 2019 C00540187 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] 03 06 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 F	undraising 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.	vo 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
(	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revise		Page 3
Write or Type Committee Na		
Innovation Pol	litical Action Committee	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
TEAM MCHENRY		
Mailing Address	228 S WASHINGTON ST STE 115	
	ALEXANDRIA VA	A 22314 L ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundraising Repr	resentative Leadership PAC Sponsor
<ul> <li>Custodian of Records: lo books and records.</li> </ul>	dentify by name, address (phone number optional) and position of	the person in possession of committee
Lisker, I	Lisa, , ,	I
Full Name	,228 S. Washington St., Ste. 115	
Mailing Address		
	Alexandria	A 22314
Title or Position	CITY STAT	TE ZIP CODE
Treasurer	Telephone number	703 - 549 - 7705
3. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the comi	mittee; and the name and address of
Full Name Lisker, L	Lisa, , ,	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria V	
Title or Position Treasurer	Telephone number	703 - 549 - 7705

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Full Name of Designated Agent	Davis, Keith, , ,	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 22314  CITY STATE ZIF	P CODE
Title or Position Assistant Treasure	er	9
Banks or Other D safety deposit boxe Name of Bank, De	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a es or maintains funds.  Prository, etc.	accounts, rents
L	BB&T	
Mailing Address	1909 K St., NW	
	Washington DC 20006	
_	CITY STATE ZI	P CODE
Name of Bank, De	pository, etc.	
L	Chain Bridge Bank	
Mailing Address		
	McLean VA 22101	
	CITY STATE ZI	P CODE

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

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(h). Joint Fundraisin	9 ·	FFO ID ******	C
1		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Patrick McHenry			
Mailing Address	7918 Norman Court		
	DENVER	NC	28037
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	1 Organization Affiliated Committee Joint	Fundraising Representa	ative
	by name, address (phone number – optional)		Leadership TAC C
esignated Agent: Identify			Leadership TAO O
esignated Agent: Identify  Full Name			
esignated Agent: Identify  Full Name			
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	continuous problems (phone number – optional)  CITY   CITY   Texties: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposition boxes are also as a contract of Bank, Wells F	continuous problems (phone number – optional)  CITY   CITY   Texties: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A