Image# 11952728082 PAGE 1 / 4

FEC FORM 1		STATEM								Office	Use O	nly			
1. NAME OF COMMITTEE (in	n full)	(Check if namis changed)		Example over the		g, type	1	2FE4	4M5						
No Retreat	t Politica	Action C	omm	ittee											
															_
ADDRESS (number a	nd street)	1 8th Street, NW													
(Check if ac is changed)	ddress	ite 500 ashington					[	DC	1	20001		-	<u> </u>		
			CIT	Υ			ST	ATE			ZIP	COL	)E		_
COMMITTEE'S E-MA	AIL ADDRESS (P	lease provide only	one e-ma	il addres	s)										
(Check if is change	address	klesher@wms-jen.c	com										<u>                                     </u>	1 1	
COMMITTEE'S WEB	PAGE ADDRES	S (LIPL)													_
(Check if															
is change															╛
2. DATE 10	0 06	2011													
3. FEC IDENTIFIC	CATION NUMBE	:R C	C0046	60345											
4. IS THIS STATEM	MENT	NEW (N)	R	×	AMEND	DED (A)									
I certify that I have e	examined this Sta	atement and to the	e best of	my know	rledge ar	nd belief	it is tr	ue, co	rrect a	and co	omplet	е.			
Type or Print Name	of Treasurer Br	uce Young													
Signature of Treasure	Bruce Young			[Elé	ectronical	ly Filed]	Date	e	M = M 10	] ′ [	06	1	20	)11	
NOTE: Submission of		or incomplete inform								he pe	nalties	of 2	U.S.C.	. §437 <u>(</u>	<b>j</b> .

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	EEC <b>F</b> -	1 (Paying 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised 02/2009)				Page <b>3</b>
Write or Type Committee Name				Tage <b>3</b>
No Retreat Political Action	n Committee			
6. Name of Any Connected Organization, Affilia		ndraising Repres	entative, or Leader	ship PAC Sponsor
NONE				
Mailing Address				
	CITY	;	STATE	ZIP CODE
Relationship: Connected Organization A	ffiliated Committee Jo	oint Fundraising Ro	epresentative Le	eadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, addre books and records.</li> </ol>	ss (phone number option	onal) and position	of the person in po	essession of committee
Meredith Lesher Full Name				1
701 8th Street, NW	,			
Mailing Address  Suite 500				
Washington			DC 20001	
Title or Position	CITY	S	TATE	ZIP CODE
		Telephone numbe	er	659 - 8201
3. Treasurer: List the name and address (phone not any designated agent (e.g., assistant treasurer).  3. Treasurer: List the name and address (phone not any designated agent (e.g., assistant treasurer).	umber optional) of the t	reasurer of the co	ommittee; and the na	ame and address of
Full Name Bruce Young				ı
of Treasurer 436 Country Club L	ane			
Mailing Address	·····			
Coronado	OLTY		CA 92118	7/0.0005
Title or Position	CITY	S	TATE	ZIP CODE
		Telephone numbe	er	

FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	s <u> </u>	
	CITY STATE	ZIP CODE
Title or Position	1	
	Telephone number	
safety deposit	er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds.  Depository, etc.	
safety deposit	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue	
safety deposit Name of Bank,	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue	
safety deposit Name of Bank,	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue	
safety deposit Name of Bank,	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue	
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA  221	01
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 221	01
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 221	01
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 221  CITY STATE	01
safety deposit Name of Bank, Mailing Addres Name of Bank,	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 221  CITY STATE	01
safety deposit Name of Bank, Mailing Addres Name of Bank,	boxes or maintains funds.  Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 221  CITY STATE	01