10030513119

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED

2010 DEC -7 AM 10: 28 FEC MAIL CENTER

Office use only

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)		mple: If typying, type the lines	12FE	4M5	
L	The Ohio Five					<u></u>		لسسا
		ــــــــــــــــــــــــــــــــــــــ		للل				
ADI	DRESS (number and street)	228	S. Washington S	St., Ste. '	115 			لىسىل
	(Check if address			111		<u> </u>	بالمحال المحاليا	
	is changed)	Alex	andria		لتبيي	LYA	22314	<u>ا</u> ـــــا
				CITY		STATE	ZIP	CODE 📥
CO	MMITTEE'S E-MAIL ADDRE		-	e-mail ad	dress)			
П	(Check if address	llisk	er@hdafec.com					
	is changed)	l i i		1 1 1				1
								
CO	MMITTEE'S WEB PAGE AD	DRESS (URL)					
\Box	(Check if address	سا				<u> </u>		
	is changed)	L.,				1 1 1		1
		Lade		-4- <u>.</u> 11				
2.	DATE 12	4 ′	20,10, Y					
3.	FEC IDENTIFICATION NU	IMBER		C .				
		.		r	1			
4.	IS THIS STATEMENT	NE/	N (N) OR	Ļ	AMENDED (A)			
i će	rtify that I have examined this Sta	atement and	to the best of my know	wledge and	belief it is true, correct and	d complete		
			Lisa Lisker					
Тур	e or Print Name of Treasure	er	LISA LISKEI	Pin				
Sig	nature of Treasurer Electr	onically F	ted by Lisa Lisk	er		Date	12'84	1 20,10
					 			
NO.	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		EEC E	ORM 1
	Use Only				Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	ssion		02/2009)

5.	TYPE OF COMMITTEE (Check One)					
	Candidate C	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.)				
	Name of Candidate					
	Candidate Party Affiliat	office Sought: House Senate President District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Comn					
	(d) ·	This committee is a (National, State (Democratic, Republican, etc.) Party.				
	Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organiza						
		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.)				
	Joint Fundra	ising 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				
		1. GIBBS FOR CONGRESS 1. FEC ID number C C00466516				
		STEVE CHABOT FOR CONGRESS 2. FEC ID number C C00301538				
		3. STIVERS FOR CONGRESS FEC ID number C C00441352				
		4 BILL JOHNSON FOR CONGRESS COMMITTEE FEC ID number C C00476820				

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

	The Ohio Five					
6.	Name of Any Connected Or	ganization, Affiliated Committee,	Joint Fundraising Representati	ve, or L	eadership PAC Sponsor	
لــا	NONE					
ليا						
	Mailing Address					
			با ليبيب	ا ل	<u> </u>	
		CITY	STAT	E▲	ZIP CODE	
	Relationship: Connected Organization	Affiliated Committee	Joint Fundraising Represent	tative [Leadership PAC Sponsor	
7.	Custodian of Records: Idea possession of Committee Full Name Lisa Lisa Mailing Address	sker			the person in	
	Maining Address					
		Alexaddria		<u>\</u>	22314	
	Title or Position ♥	CITY A	STAT	EA	ZIP CODE A	
	Treasurer		Telephone number	703	<u>549</u> - <u>7705</u>	
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).					
	Full Name of Treasurer Lisa Li	sker				
	Mailing Address	228 S. Washington St., Ste. 115				
		Alexandria	VA	<u> </u>	22314 -	
	Title or Position ♥	CITY ▲	STA	TE▲	ZIP CODE A	
	Treasurer		Telephone number	703	_ 549 _ 7705	
			relephone number			

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	Full Name of Designated Agent	Keith Davis				
Mailing Address 228 S. Washington St., Ste. 115						
•		Alexandria			22314 -	
	Title or Position♥	CITY A	STAT	E 🛦	ZIP CO	DE A
	Assistant T	reasurer	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.					nts, rents
BB&T 1909 K St., NW Mailing Address						1
				1.1.1		
		Washington	ا لىيى	C	20006]-[]
		CITY 🗻	STA	ΓEΔ	ZIP CO	DDE 🛕
	Name of Bank, Depository, e	tc.			-	
Mailing Address						
						
				ا لــ		<u> - </u>
	•	CITY 🛦	STA	TEA	ZIP C	ODE A

Banks or Other Depositorion safety deposit boxes or main	es: List all banks or other depositories in which the comm tains funds.	er depositories in which the committee deposits funds, holds accounts, rents			
Name of Bank, Depository, e		Ĩ	ADDITIONAL]		
لبب					
Mailing Address					
	CITY 🛕	STATE	ZIP CODE 🛕		
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Re	presentative, or Lead	[ADDITIONAL] ership PAC Sponsor		
		1 1 1 1 1 1 1 1 1			
					
Mailing Address					
		<u> </u>			
		با ليا ل			
Relationship:	CITY▲	STATE	ZIP CODE		
Connected Organization	Affiliated Committee Joint Fundraising Rep	resentative Lead	ership PAC Sponsor		
Designated Agent			[ADDITIONAL]		
Full Name					
Mailing Address					
					
		_ <u></u> _			
Title or Position ♥	CITY A	STATE ▲	ZIP CODE &		
	Telenho	ne number			
Joint Fundraiser Participar			[ADDITIONAL]		
JIM RENACCI FOR C	ONGRESS	C ID number C C	00466359		
	1				

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Fed, Exp **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):