

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

**RIGHTROOTS, INC.**

ADDRESS (number and street)

**228 S WASHINGTON ST STE 115**

(Check if address is changed)

**ALEXANDRIA**

**VA**

**22314**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**llisker@hdafec.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**7036840683**

2. DATE

/  /

3. FEC IDENTIFICATION NUMBER

**C C00422188**

4. 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

Type or Print Name of Treasurer

**Lisa Lisker**

Signature of Treasurer

Electronically Filed by **Lisa Lisker**

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**RIGHTROOTS, INC.**

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Lisa Lisker**

Mailing Address **228 S. Washington St., Ste. 115**

**Alexandria VA 22314**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **703 549 7705**

- 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 Lisker**

Mailing Address **228 S. Washington St., Ste. 115**

**Alexandria VA 22314**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **703 549 7705**

Full Name of Designated Agent **Keith Davis**

Mailing Address **228 S. Washington St., Ste. 115**

**Alexandria VA 22314**

Title or Position ▼ **Asst. Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **703 549 7705**

9. **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.

BB&T

Mailing Address

1909 K St., NW

Washington

DC

20006 -

CITY ▲

STATE ▲

ZIP CODE ▲