

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
10 SEP 15 AM 11:28
Office use only

1. NAME OF COMMITTEE (in full)

checkbox

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Ayotte Blunt Castle Victory Committee

ADDRESS (number and street)

228 S. Washington St., Ste. 115

checkbox

(Check if address is changed)

Alexandria

VA

22314

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

checkbox

(Check if address is changed)

llisker@hdafec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

checkbox

(Check if address is changed)

2. DATE

09 / 10 / 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

checkbox checked

NEW (N)

OR

checkbox

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

09 / 10 / 2010

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 Use Only

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

FEC FORM 1 (Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate 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 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 _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) In addition, this committee is a Lobbyist/Registrant PAC.
 - 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 Fundraising Representative:

- (g) 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.

Committees Participating in Joint Fundraiser

1.	FRIENDS OF KELLY AYOTTE	FEC ID number	C C00464297
2.	FRIENDS OF ROY BLUNT	FEC ID number	C C00304758
3.	CASTLE CAMPAIGN FUND	FEC ID number	C C00254938
4.		FEC ID number	C

10020650147

Write or Type Committee Name

Ayotte Blunt Castle Victory Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

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

Lisa Lisker

of Treasurer

Mailing Address

228 S. Washington St., Ste. 115

Alexandria

VA

22314

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

703

549

7705

10020550148

Full Name of Designated Agent

Keith Davis

Mailing Address

228 S. Washington St., Ste. 115

Alexandria

VA

22314

-

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

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

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10020050149

UNITED STATES SENATE

United States Senate
Post Office

UNITED STATES SENATE

United States Senate
Post Office

INS

639050-90
TRACKING NUMBER

F

RT 704 2
FZ

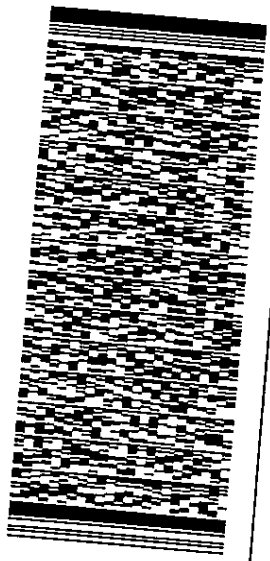
5575
09.13

From: Origin ID: ZFOA (703) 549-7705
Lisa Lisker
Huckaby Davis Lisker
228 S. Washington St., Ste. 115
Alexandria, VA 22314

Ext



SHIP TO: (202) 224-0322 BILL SENDER
Public Records Office
US Secretary of the Senate
232 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510



Ship Date: 10SEP10
AcWgt: 0.2 LB
CAD: 8587532/NET3060

Delivery Address Bar Code

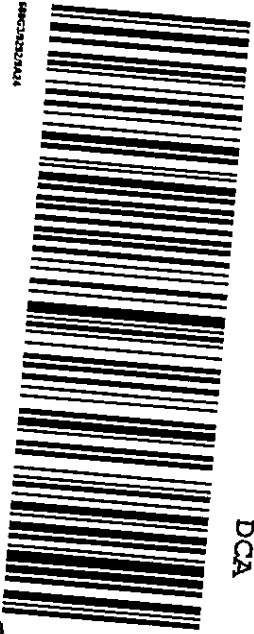


Ref # ayotte@unlcastle
Invoice #
PO #
Dept #

TRK# 7939 0066 5575
0201

MON - 13 SEP A2
PRIORITY OVERNIGHT

19 YKNA
20510
DC-US
DCA



05105902001

Insert
airbill
here

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>9-13-10</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 9-15-10

1103902001

10020650152

