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FEC FORM 1

STATEMENT OF ORGANIZATION

PAGE 1/5 =

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				Of	ice Use Only
NAME OF COMMITTEE (in full)	(Check if nar is changed)		mple:If typing, type the lines.	12FE4M5	EC-MAIL CENTER
Californians for a	House Maio	ritv			
		<u> </u>			
1		11111			1
	228 S. Washington St.	., Ste. 115			
ADDRESS (number and street)					
(Check if address is changed)		<u> </u>		<u> </u>	
a Is changed,	Alexandria		1	VA , 223	14
	CITY			L_L_ STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE					
(Check if address is changed)	llisker@hdafec.co	om IIIIII		1 1 1 1 1 1 1	
skir: is changed)	Optional Second E-N	Aail Address			
	kdavis@hdafec				
					
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address is changed)		1.1.1.1	1 1 1 1 1 1 1	1 1 1 1 1 1	
,	1				,
2. DATE 08 14	b° / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC.IDENTIFICATION NU	رمذ	C¦:	enaga anny osoo paraga a naga A		
·		*6.5%			
4. IS THIS STATEMENT	NEW (N)	OR 🚛	AMENDED (A)		
I certify that I have examined the	ris Statement and to th	e heet of my k	rowledge and belief	it is true correct and	complete
r certify that I have examined to	is statement and to the	ie best of filly r	nowledge and belief	it is tide, confect and	complete.
Type or Print Name of Treasure	r Lisa Lisker				
Signature of Treasurer Lisa L	Lisker Sun R. C.	Le _		Date 00	14 2013
NOTE: Submission of false, errone	eous, or incomplete infor				penalties of 2 U.S.C. §437g.
Office			For further information		FEC FORM 1
Use Only			Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 06/2012)

	_	OMMITTEE					
(a)	i i	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)							
	Name of Candidate						
Cand Party	li date Affiliati	Office State Senate President District					
(c)	Hori.	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Part	y Con	nmittee:					
(d)	in a	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 connected 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)	7. c)	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, thie committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising 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)	j. 24 (. E. 1. 2	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.	KEVIN MCCARTHY FOR CONGRESS FEC ID number C C00420935					
	2.	ROYCE CAMPAIGN COMMITTEE FEC ID number C C00200865					
	3.	FRIENDS OF JOHN BOEHNER FEC ID number C C00237198					
	4.	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE					

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FEC Form 1 (Davidson)	22/2000)	Sec. 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
	a House Majority	
	rganization, Affiliated Committee, Joint Fundraising Representative, or	Loadership PAC Spensor
	iganization, Annated Committee, Joint Fundaising Representative, or	Leadership FAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the pers	on in possession of committee
Lisa Lisker Full Name		
Mailing Address	228 S. Washington St., Ste. 115	
•		
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; ar ssistant treasurer).	nd the name and address of
Full Name Lisa Lisker of Treasurer		
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria	22314
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

PEC FOITH 13 (REVIS	ed 00/2011)		Page 3
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository,	intains funds		ds accounts, rents
name of Bank, Depository	etc.	•	
Mailing Address			
	L		
		با ليا ليب	ىــا-لــــ
	CITY 🙇	STATE 4	ZIP CODE 🛕
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leader	[ADDITIONAL ship PAC Sponsor
Mailing Address			
		با ليا لين	ـــا-لــــ
ationship:	CITY	STATE 🏝	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundra	aising Representative Leade	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			<u> </u>
Mailing Address			
Title or Position ♥	CITY &	STATE	ZIP CODE
Title or Position ♥	CITY &		ZIP CODE
Title or Position	CITY &	Telephone number	ZIP CODE 6 [ADDITIONAL]

Federal Election Commission

The FEC added this page to the end of this filing to	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FEd. EY	Shipping Date
Nex	xt Business Day Delivery
Received from House Records & Registration O	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Amp	8/16/13
PREPARER	DATE PREPARED

(8/2013)