FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ONGANIZAI	ION	
	(See instructions)		Office use only
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
SECURE THE F	UTURE COMMITTEE		
ADDRESS (number and st	reet) 228 S. Washington St.,	Ste. 115	
(Check if addre	ss		
is changed)	Alexandria		VA 22314 - 1
COMMITTEE'S E-MAIL		TY▲	STATE▲ ZIP CODE ▲
Ilisker@hdafec			
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
COMMITTEE'S FAX NI 7036840683	UMBER		
2. DATE 0.5	7 D D 7 Y Y Y Y Y Z 0 0 8		
3. FEC IDENTIFICAT	TION NUMBER C	C00415562	
4. IS THIS STATEME	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowled	dge and belief it is true, correct an	nd complete
Type or Print Name of T	reasurer Sunny Philips		
Signature of Treasurer	Electronically Filed by Sunny Philip	<u>s</u>	Date 05 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information may su		
Office Use Only FE3AN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF CO	MMITTEE (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 information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliatio	n 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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	d fund or party
6. L		Connected Organization or Affiliated Committee  R SENATE COMMITTEE INC	
_		PO BOX 12425	
	Mailing Addre	ss Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
			00011
		COLUMBIA SC SC	29211
		CITY▲ STATE ▲	ZIP CODE
	Relationship	Jnt Cmte Participant	
	Type of Conn	ected Organization:	
	Corp	oration Corporation w/o Capital Stock Labor Organi	zation
	Mem	bership Organization Trade Association Cooperative	

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Write or Type Committee Name			
SECURE THE FUTURE	COMMITTEE		
<ol> <li>Custodian of Records: Ide possession of Committee</li> </ol>	entify by name, address, (phone number obooks and records.	optional), and position of tl	he person in
Full Name Lisa Li	sker 		
Mailing Address	228 S. Washington St,. St	e. 115	
	Alexandria		22314
Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A
Assistant	Treasurer	Telephone number	
<ol> <li>Treasurer: List the name name and address of any</li> </ol>	and address (phone number optional) designated agent (e.g., assistant treasur	of the treasurer of the comm er).	ittee; and the
Full Name of Treasurer  Mailing Address	Philips  228 S. Washington St., St	e. 115	
of Treasurer Sunny		e. 115 VA	22314
of Treasurer Sunny	228 S. Washington St., St		22314 ZIP CODE ▲
of Treasurer  Mailing Address	228 S. Washington St., St  Alexandria  CITY A		
of Treasurer  Mailing Address  Title or Position ♥	Alexandria	VASTATE▲	ZIP CODE A
of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	Alexandria	VA STATE▲  Telephone number  803	ZIP CODE A
of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Lisa Li	228 S. Washington St., St  Alexandria  CITY A	VA STATE▲  Telephone number  803	ZIP CODE A
of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Lisa Li	Alexandria  CITY A  sker  228 S. Washington St., St		ZIP CODE <b>A</b>

	FEC Form 1	(Revised 02	2/2003)																		Р	age	4		
9.	Banks or Other D safety deposit boxe Name of Bank, De	es or maintair		ll banks	or othe	er dep	osito	ories	in wh	nich	the c	omn	nittee	depo	sits f	und	s, ho	olds	acc	ount	s, r	ents			
		Wacho	via													L									
	Mailing Address		330 N	l. Was	hingte	on S	<b>t.</b> ∟ ⊥											ı							
			Alexa	ndria										L	VΑ		L		_ 2	231	4	- [		1	L
						CIT	Υ 🙇							ST	ATE	Δ				ZIP	со	DE	Δ		
	Name of Bank, De	pository, etc.																							
																									_
	Mailing Address												1												
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CITY 🔼

ZIP CODE 🛕

STATE **△** 

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Banks or Other Depositories: List all banks or other depositories in which the committee deposits fur safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.	ids, holds accounts, rents
Mailing Address  CITY   STATE   STATE    Manual of Bank, Depository, etc.	
Name of Any Connected Organization or Affiliated Committee	[ ADDITIONAL ]
1	
PO BOX 388	
Mailing Address  ALEXANDRIA	22313
Mailing Address  L	
ALEXANDRIA  CITY STATE A  Relationship  Type of Connected Organization:	

Designated Agent		Ī	ADDITIONAL ]
Full Name			
Mailing Address			_
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Felephone number	