FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

13 APR 24 PM 5: 14

T OIXIII T				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing over the lines.	#ITSLEAMO	na v no v fina na line
Boehner-Portma	n House and	Senate Fund]	1
		 		
	,228 S. Washington St., \$	Ste. 115		
ADDRESS (number and street)				
(Check if address is changed)	Alexandria		L VA	22314
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)	SS (Please provide only on Ilisker@hdafec.con	n		
COMMITTEE'S WEB PAGE ADD	ORESS (URL)			
(Check if address				
(Check if address is changed)		1 1 1 1 1 1 1	1111111	<u> </u>
2. DATE 04 16				2013 APR 25
3. FEC IDENTIFICATION NU	JMBER C	e manifestra e de la companya de la	- Constant	PH 3:
4. IS THIS STATEMENT	NEW (N) OR	AMEND	ED (A)	# 29
I certify that I have examined th	nis Statement and to the l	pest of my knowledge an	d belief it is true, correc	t and complete.
Type or Print Name of Treasure				
Signature of Treasurer Lisa Lis	sker Su R F		Date	1 16 2013.
NOTE: Submission of false, errone	eous, or incomplete informat		-	
Office Use		Federal Electio	ormation contact:	FEC FORM 1

5.

r	FEC FOI	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cen	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Production of the control of the con	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	ne candidate
Name Cand	e of lidate		1 1 1 1 1
	lidate Affiliatio	on Sought: House Senate President	ate strict
(c)	() ()	This committee supports/opposes only one candidate, and is NOT an authorized committee.	2M23-2-4000000-3-2-10-22-2
Name Cand			1 1 1 1
Part	ty Con	nmittee:	
(d)	1	This committee is a (National, State or subordinate) committee of the Repub	cratic, lican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	4 *- : 3 3	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a
		Control Contro	r Organization
		(ALF) taken	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	-	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party
		In addition, this committee is a Lebbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(h)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or moderal committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	mittees Participating in Joint Fundraiser	
	1.	FRIENDS OF JOHN BOEHNER FEC ID number C C0023719	. The section of the
			en Samuel and Article and Arti
	2.	Same and a state of the state o	व्यक्तिः वर्षते । अस्त्रेत्तर वर्षतिकारः सञ्चात्रा सामुख्यस्यकृत्यसम्बद्धाः स्वरूप
	3.	FEC ID number C C00075820)
	4.		A STATE OF THE PARTY OF THE PAR

Write or Type Committee Name	
	an House and Senate Fund
6. Name of Amy Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	<u> </u>
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7. Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in possession of committee
Lisa Liske	
Full Name	
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 any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Lisa Lisker of Treasurer	<u></u>
Mailing Address	228 S. Washington St., Ste. 115
	Alexandria VA 22314 - IZIP CODE
Title or Position Treasurer	Telephone number 703 - 549 - 7705

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Full Name of Designated	Keith Davis	
Agent		
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria 1 ^{VA} 1 1 ²	22314
	CITY STATE	ZIP CODE
Title or Position	S	211 0052
Assistant Treas	urer 703 Telephone number	_ 549 _ 7705
Name of Bank, Mailing Address	Chain Bridge Bank	
	McLean VA 2	22101
	CITY STATE	
		ZIP CODE
Name of Bank,	Depository, etc.	ZIP CODE
Name of Bank,	Depository, etc.	ZIP CODE
Name of Bank, Mailing Address		ZIP CODE
		ZIP CODE
		ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

rec rorm 13 (Revis	eu 00/2011)		Page 3
Banks or Other Deposito safety deposit boxes or ma		leposits funds, l	
Name of Bank, Depository	etc.		[ADDITIONAL]
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Mailing Address			
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		ا لبا	ــــا-لــــــ
	CITY 🙇	STATE 4	ZIP CODE 🛕
Name of Any Connected	Organization, Affillated Committee, Joint Fundralsing Represer	ntative, or Lead	[ADDITIONAL] lership PAC Sponsor
			
Mailing Address			
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		ا ليا	سسا-لىس
-1.4	CITY	STATE 4	ZIP CODE
elationship: Connected Organization	Affiliated Committee Joint Fundraising Represen	tative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address		-	
Walling Address			
			_
Title or Position ₩	CITY &	STATE	ZIP CODE 4
	_	-	_
	Telephone nu	ımber	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revi	sed 06/2011)		Page 6
Banks or Other Deposito safety deposit boxes or ma		ommittee deposits funds, ho	olds accounts, rents
Name of Bank, Depository		Ţ	ADDITIONAL]
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Mailing Address	<u> </u>		
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	CITY 🙇	STATE △	ZIP CODE 🛕
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising	Representative, or Leade	[ADDITIONA rship PAC Sponsor
Mailing Address	Lilling		
		ا ليا لي	سا-لىس
At a salata .	CITY	STATE 🏝	ZIP CODE
itionship: Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name	1-	<u> </u>	
Mailing Address			
			<u> </u>
	CITY 🏚	STATE	ZIP CODE A
Title or Position -	VIII 🖷	JINIE	- VODE
Title or Position			
Title or Position		lephone number	

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 Overnight Delivery Service (Specify): Fed & Shipping Date 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):

DATE PREPARED

(3/2005)