

2014 MAY 13 AM 10: 15

Committee Name:
New York 2014
If registered, FEC ID:
Today's Date:
5/12/2014
Federal Election Commission 999 E Street, N.W.
Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions
To Whom It May Concern:
This committee intends to make independent expenditures, and consistent with
the U.S. Court of Appeals for the District of Columbia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind,
or via coordinated communications, to federal candidates or committees.

, Treasurer

Respectfully submitted,

Treasurer's Name:
Lisa Lisker

M М S. 1405123

STATEMENT OF

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RECEIVED

FEC FORM 1	ORGANIZATION		2	Office Use Only	
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.		AIL CENTER
New York 2	2014				
ADDRESS (number a	nd street)	14 Sylvester Street		1 1 1 1 1 1	
(Check if a	address	PO Box 474			
is changed	d)	Kinderhook CITY		NY STATE	12106
		OIT I		SIRILA	ZII OODE Z
COMMITTEE'S E-MA	AIL ADDRE				
(Check if a is changed		llisker@hdafec.com	<u> </u>	<u>.i.l.l.l.l.l</u>	
· ·	•	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB (Check if a is changed)	address	LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
j:	/ D / D / D / D / D / D / D / D / D / D				
3. FEC IDENTIFIC	CATION N	JMBER ▶ C	9-1-5-7-		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have o	examined th	nis Statement and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name	of Treasure	r Lisa Lisker			
Signature of Treasure	er Lisa I	isker See R J	K	Date 05	12 2014
NOTE: Submission of	false, erron	eous, or incomplete information ANY CHANGE IN INFORMATI			the penalties of 2 U.S.C. §437g.
Office	- · · · · ·		For further information		

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 06/2012)

F	EC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE Committee
(a)	didate	Committee: This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	O	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate
Name Candi		information below.)
Candi Party	id ate Affiliatio	Office State Senate President District
(c)	4	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi	e of	
Part	y Con	nmittee:
(d)	1.1	(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Polit	ical 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)	X	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/Rogistrant 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 eandidate.
(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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number C
	3.	
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Write or Type Committee N	lamo	
New York 20		
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sp
NONE		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAG
Full Name	228 S. Washington St., Ste. 115	
Full Name LL	228 S. Washington St., Ste. 115 Alexandria VA	22314 ZIP CODE
Full Name Mailing Address Title or Position	228 S. Washington St., Ste. 115 Alexandria CITY STATE	ZIP CODE
Full Name Mailing Address Title or Position Treasurer	228 S. Washington St., Ste. 115 Alexandria CITY STATE	ZIP CODE
Full Name Mailing Address Title or Position Treasurer	228 S. Washington St., Ste. 115 Alexandria CITY STATE Telephone number	ZIP CODE
Full Name Mailing Address Title or Position Treasurer	228 S. Washington St., Ste. 115 Alexandria CITY STATE Telephone number and address (phone number optional) of the treasurer of the committee.	ZIP CODE
Full Name Mailing Address Title or Position Treasurer 8. Treasurer: List the name	228 S. Washington St., Ste. 115 Alexandria CITY STATE Telephone number e and address (phone number optional) of the treasurer of the committing, assistant treasurer).	ZIP CODE
Full Name Mailing Address Title or Position Treasurer I the name any designated agent (e	228 S. Washington St., Ste. 115 Alexandria CITY STATE and address (phone number optional) of the treasurer of the committing., assistant treasurer).	ZIP CODE
Full Name Mailing Address Title or Position Treasurer Indicate the name any designated agent (effective process)	228 S. Washington St., Ste. 115 Alexandria CITY STATE Telephone number e and address (phone number optional) of the treasurer of the committing, assistant treasurer).	ZIP CODE
Full Name Mailing Address Title or Position Treasurer List the name any designated agent (e	228 S. Washington St., Ste. 115 Alexandria CITY STATE and address (phone number optional) of the treasurer of the committing., assistant treasurer).	ZIP CODE
Full Name Mailing Address Title or Position Treasurer I list the name any designated agent (e	228 S. Washington St., Ste. 115 Alexandria CITY STATE and address (phone number optional) of the treasurer of the committing., assistant treasurer).	ZIP CODE
Full Name Mailing Address Title or Position Treasurer I l l l l l l l l l l l l l l l l l l	228 S. Washington St., Ste. 115 Alexandria CITY STATE and address (phone number optional) of the treasurer of the committing, assistant treasurer). Sker 228 S. Washington St., Ste. 115	ZIP CODE 703 - 549 - 6 ee; and the name and add

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FEC Form 1 (F	Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho Telepho	ne number	<u> </u>
Name of Bank, Depos BB Mailing Address	3&T 1909 K St., NW	 	
Walling Fladiooc		1 1 1 1 1 1 1	
	Washington	L DC	20006
	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
L			
Mailing Address			
	1	1 1 1	

xbress BECSINE

FEC MAIL 2014/187 13

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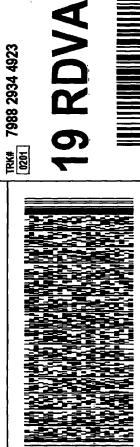
Lisa Lisker Huckaby Davis Lisker 228 S. Washington St., Ste. 115 SHIP TO: (202) 694-1139 **Public Records** rom: (703) 549-7705 Alexandria, VA 22314

Federal Election Commission 999 E St., NW Washington, DC 20463

NY 2014

BILL SENDER

Ref # Invoice # PO # Dept #



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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 Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Fed Ex Overnight Delivery Service (Specify): 5/12/14 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 **PREPARER**