## 11030662416

FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

**RECEIVED** 

2011 SEP 15 AM 10: 25

	_						Office use only	
1.	NAME OF COMMITTEE (in full)		(Check if name is changed)		mple: If typying, type the lines	12FE4N	MAIL CENTER	
با	Patriot Day II 2011					لللل		لــــ
لــا				للل				
ADI	DRESS (number and street)	228	S. Washington	St., Ste.	115			لــا
П	(Check if address	بيا	للللل			بلللا		Ш
L	is changed)	Alex	candria		لتستت	LYA	22314 -	لـــ
				CITY		STATE	ZIP CODE 📥	
CO	MMITTEE'S E-MAIL ADI	ORESS (Plea	se provide only one	e-mail ac	idress)			
П	(Check if address is changed)	llisk	er@hdafec.com	سب				لــــا
ليا	is changed)	لبيا						
								·
CO	MMITTEE'S WEB PAGE	ADDRESS (	URL)					
П	(Check if address	سيا						لــــــــــــــــــــــــــــــــــــــ
L	is changed)	بيا	<u> </u>		1 1 1 1 1 1 1		1	1
						•		
2.	DATE 0.9 '	14	2 0 1 1					
3.	FEC IDENTIFICATION	NUMBER		C				
4.	IS THIS STATEMENT	X NEV	N(N) OR	Г	AMENDED (A)	<del></del>		
4.	IS THIS STATEMENT		V (N)	<u></u>	AMILITOLD (A)			
_					<del></del>	<del></del>	<del></del>	
l cer	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete							
Тур	e or Print Name of Treas	surer	Lisa Lisker					
		The	RX	90				
Sig	nature of Treasurer Ele	etrenically.Fi	led by Lisa Lisk	er		Date C	79 77 76	77
NOT	NOTE: Submission of false, errorteous, 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		T		For further information of	contact:		
	Use Only				Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

FEC Form 1 (Revised 02/2009)

5.	TYPE OF COMMITTEE (Check One)					
	Candidate Committee:					
	(a)	Ц	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 Cand	_				
	Cand Party	lidate Affiliati	on Office State Senate President District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Cand					
	Party	Comm				
	(d)		(National, State (Democratic, Republican, etc.) Party.			
	Politi	ical Act	ion Committee (PAC):			
	(e)	П	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.			
		Ш	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 I	Fundra	ising Representative:			
	(g)	X	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.			
		Com	mittees Participating in Joint Fundraiser			
			JUDY BIGGERT FOR CONGRESS  1. FEC ID number C C00330241			
			DENHAM FOR CONGRESS 2. FEC ID number C C00473272			
			3. DOLD FOR CONGRESS FEC ID number C C00465971			
			4   GIBBS FOR CONGRESS   FEC ID number   C   C00466516			

Write or Type Committee Nar	ed 02/2009)		Page3
· · · · · · · · · · · · · · · · · · ·	me		
Patriot Day II 2011			
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraisin	g Representative, or Lea	dership PAC Sponsor
NONE			
1 1 1 1 1 1 1 1 1	<u> </u>		
Mailing Address			
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		ا ليا لي	
	CITY	STATE	ZIP CODE
Relationship:			
Connected Organiza	tion Affiliated Committee Joint Fundra	aising Representative	Leadership PAC Sponsor
Full Name	Lisker  228 S. Washington St., Ste. 115		
Full Name Lisa Mailing Address	228 S. Washington St., Ste. 115		
Full Name			22314 _
Full Name	228 S. Washington St., Ste. 115		22314
Full Name	228 S. Washington St., Ste. 115  Alexandria  CITY	VA	
Full Name  Mailing Address  Title or Position ▼  Treasurer: List the nar name and address of a Full Name	228 S. Washington St., Ste. 115  Alexandria  CITY	STATE	ZIP CODE & - 549 - 7705
Full Name  Mailing Address  Title or Position ▼  Treasurer: List the nar name and address of a Full Name	Alexandria  CITY A  Telepone and address (phone number optional) of the tany designated agent (e.g., assistant treasurer).	STATE Not one number 703	ZIP CODE & - 549 - 7705
Full Name  Mailing Address  Title or Position  Treasuress  8. Treasurer: List the name and address of a Full Name of Treasurer  Lisa	Alexandria  CITY A  Telepone and address (phone number optional) of the tany designated agent (e.g., assistant treasurer).	STATE Not one number 703	ZIP CODE & - 549 - 7705
Full Name  Mailing Address  Title or Position  Treasuress  8. Treasurer: List the name and address of a Full Name of Treasurer  Lisa	Alexandria  CITY A  Telepone and address (phone number optional) of the transplanted agent (e.g., assistant treasurer).  Lisker  228 S. Washington St., Ste. 115	STATE Not one number 703  reasurer of the committees	ZIP CODE <b>∆</b> - <u>549</u> - <u>7705</u> ee; and the

FEC Form 1 (Revi	sed 02/2009)		Page 4
Full Name of Designated Agent	Keith Davis		
Mailing Address	228 S. Washington S	st., Ste. 115	
	Alexandria	VA	22314 –
Title or Position♥	CITY A	STATE &	ZIP CODE A
Assista	ant Treasurer	Telephone number 703	3 _ 549 _ 7705
safety deposit boxes or Name of Bank, Deposito Bl Mailing Address			
	Washington	pc pc	20006
	CITY 🛦	STATE⊿	ZIP CODE 🛕
Name of Bank, Deposite	ory, etc.		
<u>ل</u> ــــ			
Mailing Address			
		1.1.1.1.1.1.1.1.1.1.	
	CITY 🛦	STATE 4	ZIP CODE A

Name of Bank, Depository	airıtains funds. , etc.		[ ADDITIONAL ]
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Mailing Address		<u> </u>	
	CITY 🖪	STATE_	ZIP CODE 🛕
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Rep	resentative, or Lead	[ ADDITIONAL dership PAC Sponsor
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Mailing Address			<del></del>
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ationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repre	esentative Lea	dership PAC Sponsor
			[ADDITIONAL]
Decignated Agent			
Designated Agent Full Name			
1			
Full Name			
Full Name	CITYA	STATE	ZIP CODE &
Full Name	CITY A  Telephone		ZIP CODE &
Full Name			ZIP CODE &

Banks or Other Depositories safety depesit boxes or mainta		•	·
Name of Bank, Depository, etc		[.	ADDITIONAL ]
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Mailing Address			
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	CITY 🛦	STATE_	ZIP CODE 🛕
Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundraising	g Representative, or Leade	[ ADDITIONAL ] ership PAC Sponsor
Mailing Address			
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elationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising	Representative Leade	ership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			<u> </u>
Title or Position♥	CITY	STATE <b></b> ▲	ZIP CODE &
	Tele	ephone number	
Joint Fundraiser Participant		·	[ ADDITIONAL ]
-	CONGRESS COMMITTEE	<del></del>	00476820

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Name of Bank, Depository,	ntains funds. etc.		[ADDITIONAL]
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Mailing Address		<u> </u>	
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	CITY 🔼	STATE	ZIP CODE 🛕
Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraisi	ng Representative, or Le	[ ADDITIONAL ] adership PAC Sponsor
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Mailing Address			
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lationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraisin	ng Representative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Full Name			
Mailing Address			
	CITY A	STATE&	ZIP CODE A
Mailing Address		STATE&	ZIP CODE &

safety deposit boxes or n Name of Bank, Depositor		[	ADDITIONAL ]
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Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛦
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising R		[ ADDITIONAL
		11111	
Mailing Address			
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tionship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Re	epresentative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE	ZIP CODE &
	Teleph	none number	
Joint Fundraiser Partic	ipant		[ADDITIONAL]
	P CONGRESS INC	EC ID number C	000477661

Banks or Other Depositorions safety deposit boxes or main		mittee deposits funds, h	olds accounts, rents
Name of Bank, Depository, e		[	ADDITIONAL ]
للللا			
Mailing Address			
		با لیا ل	
	CITY 🗻	STATE_	ZIP CODE 🛕
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Re	presentative, or Lead	[ ADDITIONAL ] ership PAC Sponsor
Mailing Address			
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Relationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Rep	presentative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name		<del></del>	
Mailing Address			
	<del> </del>		
Title or Position ♥	CITY A	STATE&	ZIP CODE &
·	Telepho	one number	
Joint Fundraiser Participal	nt		[ADDITIONAL]
BOBBY SCHILLING I	TOP CONCRESS	C ID number C C	00459354

## **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 **Shipping Date** Overnight Delivery Service (Specify): Fed 5 f 9/14/11 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): 9/15/11 DATE PREPARED