

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

15 AUG 26 PM 12: 54

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Ayotte-Portman-Thune Committee

ADDRESS (number and street) 228 S. Washington St., Ste. 115

(Check if address is changed)

Alexandria

VA

22314

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

llisker@hdafec.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

08 / 21 / 2015

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer

Lisa Lisker

Lisa R. Lisker

Date

08 / 21 / 2015

NOTE: Submission of false, erroneous, 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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201508260200238470

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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) 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 Fundraising 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) 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.

Committees Participating in Joint Fundraiser

1.	FRIENDS OF KELLY AYOTTE INC	FEC ID number	C	C00464297
2.	PORTMAN FOR SENATE COMMITTEE	FEC ID number	C	C00458463
3.	FRIENDS OF JOHN THUNE	FEC ID number	C	C00409581
4.		FEC ID number	C	

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Write or Type Committee Name

Ayotte-Portman-Thune Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Lisa Lisker

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 address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Lisa Lisker

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 703 549 7705

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Full Name of Designated Agent Keith Davis

Mailing Address 228 S. Washington St., Ste. 115

Alexandria VA 22314

CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 703 - 549 - 7705

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

Mailing Address 1909 K St., NW

Washington DC 20006

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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PRIORITY OVERNIGHT

20510
DC-US
IAD

TRK# 7743 4049 8297
0201

XCYKNA



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ORIGIN ID:NDVA (703) 549-7705
LISA LISKER
HUCKABY DAVIS LISKER
228 S. WASHINGTON ST., STE. 115
ALEXANDRIA, VA 22314
UNITED STATES US

SHIP DATE: 21AUG15
ACTWGT: 0.25 LB
CAD: 8587532/INET3670

BILL SENDER

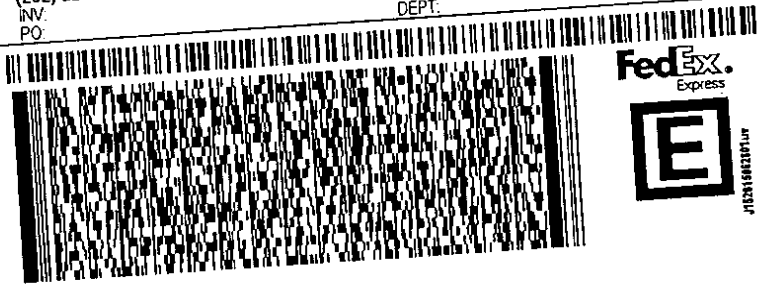
TO PUBLIC RECORDS OFFICE
US SECRETARY OF THE SENATE
232 HART SENATE OFFICE BUILDING

WASHINGTON DC 20510

(202) 224-0322
INV.
PO.

REF AYOTTEPORTMANTHUNE

DEPT:



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MON - 24 AUG 10:30A
PRIORITY OVERNIGHT

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	8/21/15	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

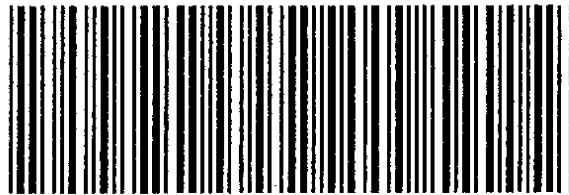
OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **8/26/15**

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SEN PATCH



SEN PATCH

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