STATEMENT OF ORGANIZATION

RECEIVED

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FORM 1	ONGANIZATION	Office Use	EEC MAIL CEN
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) ever the lines.	12FE4M5	
Freshman Cl	ass JFC		
	200 S. Washinston St. Str. 445		
ADDRESS (number and str	228 S. Washington St., Ste. 115		
(Check if addres is changed)	Alexandria	VA 22314	
	CITY	STATE Z	IP CODE
COMMITTEE'S E-MAIL AI (Check if address is changed)	DDRESS (Please provide only one e-mail address) Ilisker@hdafec.com ess		
COMMITTEE'S WEB PAG	GE ADDRESS (URL)		
(Check if addressis changed)	ess Liliania in incident		
2. DATE 12	01 2011		·
3. FEC IDENTIFICATIO	ON NUMBER C		
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)		· ·
I certify that I have exami	ined this Statement and to the best of my knowledge and belief	it is true, correct and comp	lete.
Type or Print Name of Tre	easurer Lisa Lisker		
Signature of Treasurer	Lisa Lisker Land R Sol	Date // O	2011
NOTE: Submission of false,	erroneous, or incomplete information may subject the person signing		es of 2 U.S.C. §437g.
Office Use Only	For further information Federal Election Commit Toll Free 800-424-9530	sion FEC	FORM 1 sed 02/2009)

FE	C Fo	rm 1 (Revised 02/2009)	Page 2
—		OMMITTEE	
(a)	idate F	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. (Compleinformation below.)	ete the candidate
Name o Candida			
Candide Party A		Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	nmittee:	ama aratia
(d)			emocratic, epublican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a
		Corporation Corporation w/o Capital Stock	_abor 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 segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fund	Iraising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	SANDY ADAMS FOR CONGRESS FEC ID number C C0046	3877
	2.	CANSECO FOR CONGRESS FEC ID number C C0039	4353
	3.	CRAWFORD FOR CONGRESS FEC ID number C C0046	2374
	4.	DOLD FOR CONGRESS	

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FEC Form 1 (Revised 0	2/2009)	Page 3
Freshman Class	s JFC	
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
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Mailing Address		
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	CITY STATE	ZIP CODE
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Relationship. Connected	Organization Anniated Committee Double Fundaising Representative Dec	adeiship PAC Sponsoi
books and records.	of the person in position and position of the person in position of the person of the pe	ssession of committee
Lisa Lisker		
Full Name		
Mailing Address	,228 S. Washington St., Ste. 115	
	Alexandria VA 22314	1-1 1
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	549
		ime and address of
Full Name Lisa Lisker		
of Treasurer		
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 22314 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 703 -	549 - 7705
	Name of Any Connected On IONE Mailing Address Custodian of Records: Identibooks and records. Lisa Lisker Full Name Mailing Address Title or Position Treasurer Lisa Lisker of Treasurer Mailing Address Title or Position Treasurer Mailing Address	Freshman Class JFC Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders JONE Mailing Address Mailing Address CITY STATE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Le Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records. Lisa Lisker Full Name Address Alexandria VA 22314 Title or Position CITY STATE Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the namy designated agent (e.g., assistant treasurer). Full Name Address Alexandria VA 22314 Title or Position Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the namy designated agent (e.g., assistant treasurer). Full Name Address Alexandria VA 22314 Lisa Lisker Title or Position Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the namy designated agent (e.g., assistant treasurer). Full Name Address Alexandria VA 22314 Lisa Lisker Title or Position Title or Position

1 LC 1 01	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Keith Davis	
Agent	228 S. Washington St., Ste. 115	
Mailing Address	5	
	Alexandria	22314
	CITY STAT	E ZIP CODE
Title or Position Assistant Treas	surer	703 - 549 - 7705
safety deposit b	er Depositories: List all banks or other depositories in which the committee de boxes or maintains funds. Depository, etc. BB&T	
safety deposit b	Depository, etc. BB&T 1909 K St., NW	
safety deposit b Name of Bank,	Depository, etc. BB&T 1909 K St., NW	
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Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY 🌢	STATE	ZIP CODE
		Telephone number	[ADDITIONAL]
Joint Fundraiser Participa			· ·
		FEC ID number C	000464339

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Full Name			
Mailing Address			
Mailing Address		· · · · · · · · · · · · · · · · · · ·	
Mailing Address Title or Position	CITY &	STATE.	ZIP CODE 4
		STATE	ZIP CODE 4
		ephone number	ZIP CODE 6

FEC Form 1S (Revis	sed 00/2011)			Page 7
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Connected Organization Designated Agent		_	Ā	adership PAC Sponsor
Connected Organization Designated Agent Full Name		_	Ā	adership PAC Sponsor
Connected Organization Designated Agent Full Name	Affiliated Committee	_	Ā	adership PAC Sponsor
Connected Organization Designated Agent Full Name Mailing Address	Affiliated Committee	Joint Fundraising Repre	STATE	adership PAC Sponsor [ADDITIONAL]

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Full Name			
Mailing Address			· · · · · · · · · · · · · · · · · · ·
Title or Position	CITY &	STATE#	ZIP CODE &
	Tele	ephone number	
Joint Fundraiser Participa			[ADDITIONAL]
B. GARDNER FOR	R CONGRESS 2012	FEC ID number C	C00492454

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Designated Agent			[ADDITIONAL]
Full Name	<u></u>		
Mailing Address	·		
			
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Title or Position	CITY &	STATE ≜	ZIF CODE 4
		Telephone number	
Joint Fundraiser Participa			[ADDITIONAL]
9. MICHAEL GRIM	IM FOR CONGRESS	FEC ID number C	C00470807

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. [ADDITIONAL] Mailing Address CITY STATE ZIP CODE [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address CITY STATE ZIP CODE [ADDITIONAL] Mailing Address CITY STATE ZIP CODE [ADDITIONAL] Designated Agent Full Name			
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CADDITIONAL 1	Affiliated Committee Joint Fundralsin	Representative Lead	
Joint Fundraiser Participant [ADDITIONAL]			[ADDITIONAL]
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Designated Agent Full Name Mailing Address Title or Position	1	CITY A	CITY A STATE A

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Banks or Other Depositors safety deposit boxes or main Name of Bank, Depository,	nteins funds.	he committee deposits funds,	holds accounts, rents
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Mailing Address			
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elationship:	CITY ≜	STATE	ZIP CODE 📥
Connected Organization	Affiliated Committee Joint Fundra	ising Representative Le	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY &	STATE	ZIP CODE
		Telephone number	
Joint Fundraiser Participa			[ADDITIONAL]
JIM RENACCI F	FOR CONGRESS	FEC ID number C	C00466359

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Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository,	ntains funds.		olds accounts, rents
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elationship: Connected Organization	Affiliated Committee Joint Fundraising R	Representative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY &	STATE	ZIP CODE
		phone number	
Joint Fundraiser Participa	unt		[ADDITIONAL]
	TER FOR CONGRESS	FEC ID number C	C00481911

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 Pate** Fed 60 Overnight Delivery Service (Specify): 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