FEC FORM 1

STATEMENT OF **ORGANIZATION**

(See instructions)

NAME OF (Check if name Example: If typying, type 12FE4M5 is changed) over the lines COMMITTEE (in full) Legacy Victory Fund 228 S. Washington St., Ste. 115 ADDRESS (number and street) (Check if address is changed) CITY 📥 STATE . ZIP CODE . COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) llisker@hdafec.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 01 DATE C **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT AMENDED (A) NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Lisa Lisker Type or Print Name of Treasurer Electronically Eiled by Date Signature of Treasurer 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 For further information contact: **FEC FORM 1** Use Federal Election Commission (Revised 02/2009) Toll Free 800-424-9530 Only

Local 202-694-1100

| 5. | TYPE OF COMMITTEE (Check One) 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 | <u> </u> | | | |
| | Candidate Party Affiliat | ion Office State Senate President District | | | |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| | Name of Candidate | | | | |
| | Party Comn | (Al-Garat Clate | | | |
| | (d) | (National, State (Democratic, Republican, etc.) Party. | | | |
| | Political Ac | tion 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 Fundra | aising 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. | | | |
| | Con | nmittees Participating in Joint Fundraiser | | | |
| | | 1. FRIENDS OF KELLY AYOTTE 1. FEC ID number C C00464297 | | | |
| | | FRIENDS OF ROY BLUNT 2. FEC ID number C C00304758 | | | |
| | | 3. CARLY FOR CALIFORNIA INC FEC ID number C C00469924 | | | |
| | | JANE NORTON FOR COLORADO INC FEC ID number C C00466714 | | | |

| | ne | | |
|--|---|--|--|
| Legacy Victory Fund | | | |
| 6. Name of Any Connected | Organization, Affiliated Committee, Joint F | undraising Representative, or Leade | ership PAC Sponsor |
| NONE | <u> </u> | | ! |
| | 1 | | |
| Mailing Address | | | |
| | | | <u> </u> |
| | | | |
| | CITYA | STATE A | ZIP CODE 🛕 |
| Connected Organizat | | Joint Fundraising Representative | Leadership PAC Sponso |
| Custodian of Records: possession of Committe | Identify by name, address, (phone numlee books and records. | per optional), and position of the | e person in |
| • | Lisker | | 1 1 1 1 1 1 1 1 1 |
| | | | |
| Mailing Address | 228 S. Washington St | ., Ste. 115 | |
| Mailing Address | 228 S. Washington St Alexandria | ., Ste. 115 VA | 22314 _ |
| Mailing Address Title or Position ♥ | | | 22314 _ ZIP CODE & |
| | Alexandria CITY A | VA | |
| Title or Position ▼ Treasure 8. Treasurer: List the nanname and address of a | Alexandria CITY A rer me and address (phone number optior any designated agent (e.g., assistant tre | VA STATE Telephone number 703 al) of the treasurer of the commit | ZIP CODE & - 549 - 7705 |
| Title or Position ▼ Treasure 8. Treasurer: List the nanname and address of a | Alexandria CITY A rer me and address (phone number optior any designated agent (e.g., assistant tre | VA STATE ▲ Telephone number703 all) of the treasurer of the commit asurer). | ZIP CODE & - 549 - 7705 |
| Title or Position ▼ Treasur 8. Treasurer: List the name and address of a Full Name | Alexandria CITY A rer me and address (phone number optior any designated agent (e.g., assistant tre | VA STATE ▲ Telephone number703 all) of the treasurer of the commit asurer). | ZIP CODE & - 549 - 7705 |
| Title or Position ▼ Treasure 8. Treasurer: List the nanname and address of a Full Name of Treasurer Lisa | Alexandria CITY A rer me and address (phone number optior any designated agent (e.g., assistant tre | VA STATE ▲ Telephone number703 all) of the treasurer of the commit asurer). | ZIP CODE & - 549 - 7705 |
| Title or Position ▼ Treasure 8. Treasurer: List the nanname and address of a Full Name of Treasurer Lisa | Alexandria CITY A rer me and address (phone number optior any designated agent (e.g., assistant tre a Lisker 228 S. Washington S | STATE A Telephone number 703 all) of the treasurer of the commit asurer). | zip CODE & - <u>549</u> - <u>7705</u> tee; and the |

| Full Name of Designated Agent | Keith Davis | | | |
|---|---------------------------------|----------------------|------------|--|
| Mailing Address | 228 S. Washington St., Ste. 115 | | | |
| | Alexandria | | 22314 | |
| Title or Position ♥ | CITY A | STATE A | ZIP CODE A | |
| Assistant T | reasurer | Telephone number 703 | | |
| Name of Bank, Depository, et BB&T IIII Mailing Address | 1909 K St., NW Washington | | 20006 | |
| | CITY 🛕 | STATE 4 | ZIP CODE Δ | |
| Name of Bank, Depository, et | c | | | |
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| Mailing Address | | | | |
| | | <u> </u> | | |
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| | CITY 🙇 | STATE △ | ZIP CODE 🛕 | |

| Banks or Other Depositories: safety deposit boxes or maintai | ns funds. | | |
|---|---|-------------------------|---------------------------------|
| Name of Bank, Depository, etc. | | [| ADDITIONAL] |
| | | | |
| Mailing Address | | | |
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| | | | |
| | CITY 🛆 | STATE △ | ZIP CODE 🛕 |
| Name of Any Connected Orga | anization, Affiliated Committee, Joint Fundraising Re | presentative, or Leader | [ADDITIONAL] ship PAC Sponsor |
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| | | | |
| Mailing Address | | | |
| | | | |
| | | _ | |
| Relationship: | CITY▲ | STATE A | ZIP CODE ▲ |
| Connected Organization | Affiliated Committee Joint Fundraising Re | epresentative Lead | dership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | | |
| Mailing Address | | | |
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| | | | |
| Title or Position ▼ | CITY A | STATE ▲ | ZIP CODE A |
| | Telepi | hone number | |
| Joint Fundraiser Participant | | | [ADDITIONAL] |
| ROSSI FOR SENATE | F | EC ID number C | C00484824 |
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| safety deposit boxes or mair Name of Bank, Depository, e | | Γ. | ADDITIONAL] |
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| Name of Any Connected O | rganization, Affiliated Committee, Joint Fundraisi | ng Representative, or Leaders | [ADDITIONAL hip PAC Sponsor |
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| Mailing Address | | | |
| | | 1111111 | |
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| lationship: | CITY▲ | STATE A | ZIP CODE |
| Connected Organization | Affiliated Committee Joint Fundrais | ing Representative Leade | ership PAC Sponsor |
| B | | | [ADDITIONAL] |
| Designated Agent Full Name | <u> </u> | | |
| Mailing Address | | | |
| | | | |
| Title or Position ♥ | CITY A | | ZIP CODE A |
| Title of Position \ | Onra | JIAIL & | 211-0002-14 |
| | | Telephone number | |
| Joint Fundraiser Participa | nt | | [ADDITIONAL] |
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| Name of Bank, Depository | , etc. | | ADDITIONAL] |
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| | CITY 🗖 | STATE 4 | ZIP CODE 🛕 |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fundraisin | g Representative, or Leader | [ADDITIONAl ship PAC Sponsor |
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| Mailing Address | 1 | + | 1 1 1 |
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| ationship: | CITY▲ | STATE A | ZIP CODE A |
| Connected Organization | Affiliated Committee Joint Fundraisir | ng Representative Lead | lership PAC Sponsor |
| | | | [ADDITIONAL] |
| Designated Agent | | | |
| Full Name | | | 1 1 1 1 1 1 1 |
| Mailing Address | | | |
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| | | | |
| Title or Position ▼ | CITY A | STATE | ZIP CODE A |
| | т. | elephone number | |
| | | siephone number | |
| Joint Fundraiser Participa | ant | | [ADDITIONAL] |

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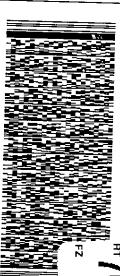
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DANA K. MCCALLUM SUPERINTENDENT

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