676666474656

(3) (3) FÉC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2018 FEB -5 PM 1: 47

			Office Use Only
 NAME OF COMMITTEE (in full) 	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Chele Farley for S	Senate Inc.		
			
	590 Madison Avenue		
ADDRESS (number and street)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Check if address is changed)	21st Floor	<u> </u>	
	New York		NY 10022
	CITY ▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)	llisker@hdafec.com		
is changed)	Optional Second E-Mail Ad	ddroee	
	LILIII A	<u> </u>	
	•	·	
COMMITTEE'S WEB PAGE ADD	PRESS (URL)		
(Check if address	www.chelefarleyforsenate.co	om	1
is changed)			
		11111111111	
2. DATE 02 01	2018		
3. FEC IDENTIFICATION NU	MBER ▶ C		

4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)	
certify that I have examined this	s Statement and to the best	of my knowledge and belief it i	s true, correct and complete
		,,	and complete.
Type or Print Name of Treasurer	Lisker, Lisa, , ,		
Signature of Treasurer Lisker,	Lise,, Esse RE	Siske	Date 02 '01' 2018
NOTE: Submission of false, erronec	ous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing th ON SHOULD BE REPORTED WI	s Statement to the penalties of 2 U.S.C. §437g.
Office		For further information cor	ntact: FEC FORM 1
Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	(Revised 06/2012)

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Pol	itical /	Action Co	mmit	tee (P	AC):																		
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This committee is a principal campaign committee. (Complete the candidate information below.)

House

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

Page 2

State

District

President

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FEC Form 1 (Revised 02/2009)

information below.)

REP

Farley, Chele, Chiavacci,

Office

Sought:

TYPE OF COMMITTEE **Candidate Committee:**

(a)

(b)

Name of

Candidate

Candidate

Party Affiliation

12010111111110	1 age 0
Write or Type Committee	lame
Chele Farley	for Senate Inc.
6. Name of Any Connec	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Con	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons
 Custodian of Records books and records. 	Identify by name, address (phone number optional) and position of the person in possession of committee
Liske Full Name	; Lisa, , ,
Mailing Address	228 S. Washington Street
Maining Address	Suite 115
	Alexandria VA 22314
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 703 - 549 7705
Treasurer: List the nan any designated agent (e and address (phone number optional) of the treasurer of the committee; and the name and address of g., assistant treasurer).
Full Name Liske of Treasurer	, Lisa, , ,
Mailing Address	228 S. Washington Street
	Suite 115
	Alexandria VA 22314
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 703 - 549 - 7705

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ORIGIN ID:NDVA LISA LISKER HUCKABY DAVIS 228 S. WASHINGT

SHIP DATE: 01FEB18 ACTWGT: 0.25 LB CAD: 8587532/INET3980

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

WACLINGTON DC 20510
REF: FARLEY/TILLISGARDNER JFC





TRK# 0201 7713 8338 8530

FRI - 02 FEB 10:30A PRIORITY OVERNIGHT

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Extremely Urgent

Server and the server

United States Senate

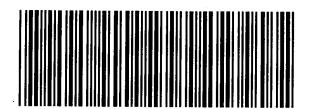
OFFICE OF THE SECRETARY

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SEN PATCH



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