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FEC FORM 1

STATEMENT OF ORGANIZATION

FEC ,	MAIL CENTER
. 4	rr in
	RECEIVED

	(See instructions	5)	Office use only	WIL CEN
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Boehner for Speaker C	ongressman LaTourette Ju	une Reception Ctme.		
				<u> </u>
ADDRESS (number and street)	228 S. Washington St.,	Ste. 115		لببب
(Check if address				لثبي
is changed)	Alexandria	ليبيين	YA 22314	
	c	CITY_	STATE ZIP CO	ODE 📥
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	mail address)		-
(Check if address	llisker@hdafec.com			لينيي
is changed)				لتبيب
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
	. ,			
(Check if address is changed)				
				
2. DATE M M / D 1	3 ' Y Y Y Y Y Y Y			•
3. FEC IDENTIFICATION NU	MBER C			÷
4. IS THIS STATEMENT		T AMENDED (A)		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		•
I certify that I have examined this Sta	tement and to the heet of my knowler	and helief it is true correct and o	complete	
r certify that I have examined this Sta	·	age and belief it is tide, correct and t		
Type or Print Name of Treasure	Lisa Lisker			
Signature of Treasurer Electric	onically Filed by Lisa Lisker		Date ## 13	2011
NOTE: Submission of false, erroneou	us, or incomplete information may sub			· g.
Office Use		For further information co Federal Election Commission Toll Free 800-424-9530		

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j.	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	
	Candidate Party Affiliation Office Sought: House Senate President 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 (Democratic, Republican, etc.) Pa	ırty.
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	3 a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Mambership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports (expresses more than one Endered candidate, and is NOT a constrate corrected fund or north.	
	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 JOHN BOEHNER 1. FEC ID number C C00237198	
	LATOURETTE FOR CONGRESS COMMITTEE 2. FEC ID number C C00284174	İ
	3. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE C C00075820	

C C00305805

FEC ID number

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Write or Type Committee Name	е		
Boehner for Speaker C	Congressman LaTourette June Recep	tion Ctme.	
6. Name of Any Connected (Organization, Affiliated Committee, Joint F	undraising Representative, or Lea	dership PAC Sponsor
NONE			
Mailing Address			
		ا ليا لينيا	ــنــا-لــنــ
	CITY	STATE ≜	ZIP CODE
Relationship: Connected Organization	on Affiliated Committee Jo	oint Fundraising Representative	Leadership PAC Sponsor
possession of Committee		er optional), and position of the	person in
Full Name Lisa L	Lisker		
Mailing Address	228 S. Washington St.,	Ste. 115	
	Alexandria		22314 _
Title or Position♥ Treasure	CITY A	STATE Telephone number 703	ZIP CODE A 7705
	e and address (phone number optiona ny designated agent (e.g., assistant trea		ee; and the
Full Name of Treasurer Keith	Davis		· · · · · · · · · · · · · · · · · · ·
Mailing Address	228 S. Washington St.,	Ste. 115	· · · · · · · · · · · · · · · · · · ·
	Alexandria	VA	22314 -
Title or Position ♥	CITY A	STATE	ZIP CODE A
Assistar	nt Treasurer	Telephone number 703	_ 549 _ 7705

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Full Name of Designated Agent	·		:
Mailing Address			avv.
Title or Position♥	CITY	STATE &	ZIP CODE A
		Telephone number	. :
Banks or Other Deposis safety deposit boxes or Name of Bank, Deposito	maintains funds.	which the committee deposits funds	, holds accounts, rents
	McLean , , , , , , , , , , , , , , , , , , ,		22101
	CITY 🙇	STATE. ⊿	ZIP CODE 🛕
Name of Bank, Deposito	ory, etc.		
Mailing Address			
			
	CITY 🔼	STATE △	ZIP CODE A

safety deposit boxes or main	ains funds.		olds accounts, rents
Name of Bank, Depository, e	c.	L	ADDITIONAL]
			
Mailing Address		<u> </u>	
		لــا لــا	
	CITY 🗻	STATE_	ZIP CODE 🛕
Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Rep	presentative, or Lead	[ADDITIONAL ership PAC Sponsor
			
Mailing Address			
		ا ليا ل	
ationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repr	resentative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name		 	
Mailing Address			:
Title or Position ♥	CITY A	STATE ▲	ZIP CODE &
	Telephor	ne number	

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): 1-221. Ec. 4/15/11 **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):